EFFECTIVENESS OF BREAST FEEDING TRAINING PROGRAMME ON KNOWLEDGE AND PRACTICE AMONG PRIMIPARA MOTHERS

Dissertation Submitted To

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

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A STUDY TO ASSESS THE EFFECTIVENESS OF BREAST FEEDING TRAINING PROGRAMME ON KNOWLEDGE AND PRACTICE AMONG PRIMIPARA MOTHERS IN SAIDAPET EMERGENCY OBSTETRIC CARE UNIT AT CHENNAI 2013-2014.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ABSTRACT

Breast feeding becomes part of a woman's identity as she enters the journey into motherhood. Throughout their journey into motherhood women weigh up information about breast feeding in relation to this as they decide what to do. There are certain dangers associated during breast feeding which can result in health complications for the newborn.

The study aimed to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric care unit at Chennai. The hypothesis formulated was that there was significant association between the breast feeding training programme and the level of knowledge and practices among primipara mothers. The investigator collects the review of literature the relevant information and support the study. The conceptual framework for this study was based on Reva Rubin's maternal role attainment theory.

The study was conducted by adopting a pre experimental one group pretest and post test design among 60 primipara mothers who fulfilled the inclusion criteria. Simple random sampling technique (lottery method) was used to select the primipara mothers. A pretest was conducted to assess the existing level of knowledge and practice regarding breast feeding. The investigator has conducted the post test by using the same standardized tools provided in pretest, for primipara mother on the 3rd day.

Analysis revealed that the pretest level of knowledge mean score was 152.37 with the standard deviation of 26.09 and the posttest level of knowledge mean score was 214.42 with the standard deviation of 11.82. The paired't' test value was 16.90 at the level of $p<0.001$which shows very high significant. The pretest level of practice mean score was 7.32 with the standard deviation of 1.75 and the posttest level of practice mean score was 12.60 with the standard deviation of 1.96. The paired't' test value was 16.90 at the level of $p<0.001$ which shows very high significant. Thus, it indicated that there was effectiveness of training programme regarding breast feeding among primipara mothers.

Karl Pearson's correlation coefficient value of $r= 0.6$, at the level of $p<0.001$ which showed moderate correlation between posttest level of knowledge and practice among primipara mothers. The analysis revealed that there was significant correlation found between posttest level of knowledge and practice regarding breast feeding among primipara mothers. So the research hypothesis was accepted for the study.

CHAPTER I

INTRODUCTION

Just as there is no substitute for mother's love,
There is no substitute for mother's milk.
- Meharbansingh (2006).

Motherhood is the kinship relation between an offspring and the mother. Breast feeding provides a unique bounding experience for mother and child. It stimulates most of the senses and close body contact allows the baby to recognize its mothers smell. The baby can feel and hear the sound of her heart beats which is similar to the intrauterine environment. Breast milk is the best food for the babies as breast feed babies are healthier than formula fed babies. Child birth and breast feeding are to be cherished and nurtured by the health care workers in the baby friendly way. There is a growing body of evidence that suggests that early skin to skin contact called kangaroo care of mother and baby stimulates breast feeding behavior in the baby. Newborn infants who are immediately placed on their mother's skin have a natural instinct to latch on to the breast and start nursing, typically within one hour of being born. It is thought that immediate skin to skin contact provides a form of imprinting that makes subsequent feeding significantly easier. The World Health Organization reports that in addition to more successful breastfeeding, skin to skin contact between a mother and her newborn baby immediately after delivery also reduces crying, improves mother to infant interaction and keeps baby warm.

Breast feeding is the most beautiful and natural experience a mother can share with her baby. Breast feeding is the Gold standard for infant feeding. Babies have a sucking reflex that enables them to suck and swallow milk. Experts recommend that children be breastfed within one hour of birth, exclusively breast fed for the first six months, and then breastfed until age two with age appropriate, nutritionally adequate and safe complementary foods. The American Academy of Pediatrics recommends for the United State that after 6 months of exclusive breast

feeding, babies should continue to breastfeed for a year and for as long as is mutually desired by the mother and baby.

Human milk is a remarkable and renewable resource. It cannot be duplicated. Human milk has no substitute and the breast is nature’s apparatus for feeding the baby. Breast feeding is an art. Breast milk is made from nutrients in the mother’s blood stream and bodily stores. Breast milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. Because breast feeding uses an average of 500 calories a day, it helps the mother lose weight after giving birth.

Currently there are 9 million infant deaths per year. Breast feeding saves an estimated 6 million additional deaths from infectious disease alone. Breast milk, especially the first milk (colostrum), contains antibacterial and anti viral agents that protect the infant against disease, especially diarrhea. These are not present in animal milk or formula. Breast milk also aids the development of the infant's own immune system. Diarrhea is the leading cause of death among infants in developing countries. Infants under two months of age who are not breastfed are 25 times more likely to die of diarrhea than infants exclusively breastfed. Continued breast feeding during diarrhea reduces dehydration, severity, duration, and negative nutritional consequences of diarrhea. It is more easily digested than any substitute, and it actually alters in composition to meet the changing nutritional needs of the growing infant. It provides all the nutrient is and water needed by a healthy infant during the first 6 months of life and maximizes the child's physical and intellectual potential.

Malnutrition among infants up to six months of age can be virtually eradicated by the practice of exclusive breast feeding. For young children beyond six months, breast milk serves as the nutritional foundation to promote continued healthy growth. Premature infants fed breast milk show higher developmental scores as toddlers and higher intelligent quadrants as children than those not fed breast milk. Breast feeding provides a nutritious, easily digestible food when a sick child loses appetite for other foods. When a child is ill or has diarrhea, breastfeeding helps prevent dehydration. Frequent breast feeding also diminishes the risk of malnutrition

and fosters catch up growth following illness. Breast milk provides total food security for an infant's first six months. Extremely malnourished mothers have a reduced capacity to breastfeed.

Breast feeding immediately after delivery encourages the "bonding" of the mother to her infant, which has important emotional benefits for both and helps to secure the child's place within the family. Breast feeding provides physiological and psychological benefits for both mother and child. It creates emotional bonds, and has been known to reduce rates of infant abandonment. In developing countries, exclusive breast feeding reduces total potential fertility as much as all other modern contraceptive methods. Mothers, who breast feed, usually have a longer period of infertility after giving birth than do mothers who do not breast feed.

Breast feeding reduces the mother's risk of fatal postpartum hemorrhage, the risk of breast concern, ovarian cancer, and anemia. By spacing births, breast feeding allows the mother to recuperate before she conceives again. Breast feeding is among the most cost effective of child survival interventions. Households save money and institutions economize by reducing the need for bottles and formulas. By shortening mothers' hospital stay, nations save foreign exchange. There are none of the expenses associated with feeding breast milk substitutes. Breast feeding does not waste scarce resources or create pollution.

United Nation International Childhood Emergency Fund (2010) supports countries to implement the priority actions outlined in the Global Strategy for Infant and Young Child Feeding. The focus in countries is on five major areas. At national level**,** ensuring that not only is appropriate policies and legislation in place but that these are implemented and enforced. Encouraging and facilitating strategic public and private partnerships with other international and country level factors for improvement of infant and young child nutrition. Community level support is provided for community based nutrition and mother support activities involving for example community health workers, lay counselors and mother to mother support groups. Communication and advocacy activities on breast feeding are also a key component of UNICEF. World Breast feeding Week is an annual advocacy event

celebrated around the world with support from UNICEF, WHO and other partners during 1st week of August globally.

Exclusive breast feeding is the single most effective intervention for preventing child deaths, yet only less than 40 percent of infants under 6 months old receive the benefits of exclusive breast feeding. Diarrhea and pneumonia are the leading causes of death among infants in developing countries. Infants less than 2 months old who are not breast fed are six times more likely to die from diarrhea or acute respiratory infections than those who are breastfed. Approximately 1.3 million deaths could be prevented each year. Studies show that healthy, exclusively breast fed infants under 6 months old do not need additional fluids, even in countries with extremely high temperatures and low humidity. Offering water before 6 months of age reduces breast milk intake, interferes with full absorption of breast milk nutrients, and increases the risk of illness from contaminated water and feeding bottles.

A new cost analysis published in the journal Pediatrics (2010), has found that if 90% of women in the United States would breastfeed their babies for the first six months of life, billions of dollars could be saved in healthcare costs each year. Current estimates suggest that about 43% of US mothers breast feed at least part time during the first six months, but only 12% do so exclusively breast feeding their babies,

Researchers from the Harvard Medical School (2009) analyzed the prevalence of 10 common childhood illnesses using data from the Centers for Disease Control and Prevention. They also evaluated the costs of treating those diseases and the level of disease protection that other studies have linked to the practice of breast feeding. The findings all suggest that hundreds of deaths and many more costly illnesses each year would be prevented, including ear infections, asthma, juvenile diabetes, Sudden Infant Death Syndrome, and possibly childhood leukemia. If 90% of all American mothers chose to breast feed exclusively in the first six months, the study estimates that $13 billion per year can be saved. The costs

include both direct and indirect costs of medical care for those afflicted and costs of missed time away from work for the mother.

Optimal breast feeding of infants less than two years of age has the greatest potential impact on child survival of all preventive interventions, with the potential to prevent 1.4 million deaths in children under five in the developing world (2008). The results of a study conducted in Ghana show that breast feeding babies within the first hour of birth can prevent 22 per cent of neonatal deaths.

The World Health Organization estimates that malnutrition was associated with over 55% childhood deaths in developing countries including India. Malnutrition particularly among children and women directly or indirectly causes high morbidity and mortality. The impaired immune function in these children leads to more severe enteric infections and other infections than those who are not malnourished. Malnourished children have delayed milestones and impaired cognitive development, and are likely to be handicapped for life if an innovative approach is not adopted. Thus, malnutrition impairs intelligence, strength, energy and productivity. A recent study by the Government of India (2012) has established that the annual loss of productivity on account of malnutrition is of the order of more than Rs.33.000 Crores.

United Nation International Childhood Emergency Fund is working with partners to achieve the 2010 goal of reducing malnutrition among children under five years old by at least one third, with special attention to children under two years. In addition, the activity to address proper feeding also contributes to the 2010 goal of reducing child mortality by two thirds.

Breast milk is widely accepted as the most complete form of nutrient for the infants. Most women are capable of producing enough breast milk that their infants require, but half of them suffer from perceived inadequate breast milk supply due to incorrect method of breast feeding or other external factors. Incomplete removal of the breast milk is the most important reason for inadequate breast milk. In breast milk, there is one inhibitory peptide, if this inhibitory peptide is not removed and is

allowed to accumulate, it will decrease the secretion of the breast milk. If the breast milk is frequently removed, this inhibitory peptide does not accumulate and the milk synthesis will increase. Mothers are therefore encouraged to breast feed 8 to 12 times a day during postpartum period. Infrequent breast feeding not only causes the breast milk production to be delayed, it may be associated with neonatal jaundice.

Another factor relating the inadequate milk supply has to do with infant's growth spurt. During period of growth spurt, the infant may be more irritable and seek the breast more often. The mothers should therefore be counseled and understand the situation fully to avoid any undue stress. During this period, the infant will have a higher breast milk intake the mother should be patient and allow the breast to be emptied fully in order for the transfer of hind milk which has a higher energy content. Hind milk is only released after several minutes of nursing. Higher energy content of hind milk will help to satisfy the child's demand for milk and make him or her relaxed. Stress and fatigue in mothers also have an impact on the mother's breast milk production. It is therefore important for mothers to rest well. If there is someone else that can help to take care of the infant for some time, mother should take the opportunity to have some sleep or rest.

The U.S. Department of Health and Human Services Office on Women's Health 2004 to 2006 was funded to carry out the recommendations of the Health and Human Services, Blueprint for Action on Breast feeding in a National Breast feeding Awareness Campaign to promote breast feeding among first time parents who would not normally breast feed. The campaign aimed to empower women to commit to breast feeding and to highlight new research that shows that babies who are exclusively breast fed for six months are less likely to develop ear infections, diarrhea, and respiratory illnesses and may be less likely to develop childhood obesity.

NEED FOR THE STUDY

Breast feeding pattern is practical, economically efficient, need very little investment gives invaluable returns to the family. Particularly exclusive breast

feeding pattern is on the decline, despite efforts at various levels. In India exclusive breast feeding rate at 6 months is only 40%. So it is important that midwives should attempt to promote enthusiasm and interest in breast feeding pattern.

World health organization recommends exclusive breast feeding for infants till they are six month old. About 1.4 million deaths of children of aged below 2 years in setting worldwide especially in low income countries are due to suboptimal breast feeding practices. One fifth of neonatal deaths can be prevented by initiating exclusive breast feeding as early as possible.

In India rate of malnutrition or wasting are twice as high as the average in Sub Saharan African and 10 times higher than Latin American. Currently an estimated 25 million children are wasted in India. 53 million are underweight and 61 million chronically malnourished. Much of this happens in the prenatal and two years of a child's life damaging growth, brain development, eventual school performance and adult productivity.

The Centre for Disease Control (2004) reported that most of the mothers didn't exclusively breast feed their babies, about 31% exclusively breast fed their babies until the babies were 3 months old and 11% exclusively breast fed their babies until the babies were 6 months old. That's far below the U.S. government's goal to have 60% of moms exclusively breast feed their babies aged 0-3 months and for 25% to exclusively breast feed their babies aged 6 months.

The National Family Health Survey (2006) published, only 24.5 percent of new mothers initiated breast feeding in the hour after birth, 46.4 percent breast fed exclusively the first six months and a slightly more encouraging 56.7 percent nursed beyond six months with the introduction of complementary food. But nearly half of fewer than 5 children were underweight. An important developmental parameter, Infant Mortality Rate continues to stay high despite the two decade long campaign to bring it down. The solution to World Health Organization is as simple as it is natural. Early initiation of breast feeding, it says, within an hour after birth could bring the Infant Mortality Rate down by 22 percent.

Infant Mortality and Malnutrition (2008) that was published nearly 77 % (1.06 million) child deaths attributable to suboptimal breast feeding are due to non exclusive breast feeding during 0-6 months of life. Breast feeding promotion alone contributes to 11.6 per cent reduction in IMR if coverage of promotion is 99% through one to one and group counseling, and can avert 21.9 million Disability Adjusted Life Years at 3 years. With such staggering statistics lined up, the country needs to give breast feeding an impetus.

Promotion of early initiation of breast feeding has the potential to make a major contribution to the achievement of the child survival millennium development goal, 16% of neonatal deaths could be saved if all infants were breast fed from day 1 and 22% if breast feeding started within the first hour. Breast feeding promotion programs should emphasize early initiation as well as exclusive breast feeding.

According to Centre for Disease Control and Prevention (CDC), (2008) a nationwide survey conducted. The result shows that infants who were 19 -35 months of age, 74% were breast fed at birth, 43% were breast fed at 6 months, 21% were breast fed 12 months, 32% were exclusively breast fed at 3 months, and 12% were exclusively breast fed at 6 months.

Shah. et al., (2011) has conducted study to assess the knowledge and actual practices of mothers regarding breast feeding. All mothers knew that they had to breast feed their babies, but they did not have adequate knowledge about the appropriate way of breast feeding. 10% knew that they have to initiate breast feeding within ½ hour of birth, 10% had idea on prelacteal feed, 25% had idea on importance of colostrum, 15% knew the meaning of exclusive breast feeding, and 15% of the mothers had idea on importance of night feeding. 41.5% mothers initiated breast feeding within ½ hour of birth, 33% mothers gave prelacteal feed, colostrum was fed by 95%, 15% were practicing exclusive breast feeding, 90% mothers were practicing night feeds, 15% mothers practiced feeding one side at a time, 60% mothers were practicing inappropriate attachment and positioning, None of the mothers got any advice regarding breast feeding during ANC visits.

The world breast feeding week 2013 also laid emphasis on the 10 successful steps of breast feeding technique. Researchers also proved that video assisted teaching programme will improve the knowledge of the participants of the study. As a result of the observations and related literature review the researcher realized that, giving a video assisted teaching programme to primipara mothers regarding the breast feeding technique will be beneficial for the improvement of the breast feeding practice, prevention of breast complications as well as for the health of the baby.

Thus knowledge and awareness about breast feeding techniques and newborn wellbeing among primipara mothers can definitely help to reduce the neonatal mortality and morbidity. During the clinical posting in the postnatal ward, the investigator has found the many primipara mother had lack of breast feeding practice and unaware of importance of proper breast feeding technique. So the researcher decided to assess the effectiveness of breast feeding programme on knowledge and practice among primipara mothers.

Most problems in feeding the baby are related to the insufficient knowledge inappropriate routines and lack of confidence of mothers and it can be easily managed or prevented by prenatal education, anticipatory guidance and adequate support. Many women decide the mode of infant feeding early in the antenatal period. Hence mothers need to be motivated to attend prenatal breast feeding classes.

During the observation with primipara mothers, the investigator has found that the mothers have inadequate knowledge and practice regarding the breast feeding. So the investigator decided to conduct the study to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers.

The nurse being one among the member of the health team can act as a facillator and developing the potential abilities of the primipara mothers. Hence, the investigator felt that there is a need of preparing training programme regarding

breast feeding, which will help the primipara mothers to have adequate knowledge and practice regarding breast feeding.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit at Chennai.

OBJECTIVES

1. To assess the pretest level of knowledge and practice regarding breast feeding among primipara mothers.
2. To assess the post test level of knowledge and practice regarding breast feeding among primipara mothers.
3. To evaluate the effectiveness of breast feeding training programme on level of knowledge and practice regarding breast feeding among primipara mothers.
4. To determine the relationship between posttest level of knowledge and practice regarding breast feeding among primipara mothers.
5. To associate the pretest and posttest level of knowledge and practice regarding breast feeding with their selected demographic variables and obstetrical variables.

OPERATIONAL DEFINITIONS

Effectiveness: Refers to the desired outcome in improving the knowledge and practice regarding breast feeding training programme among primipara mothers.

Breast feeding Training programme: Refers to the structure teaching training programme on knowledge and practice of breast feeding, using mother to mother demonstration, slide show, video clips and flash cards among primipara mothers.

Knowledge: Refers to the information given to the primipara mothers regarding the breast feeding.

Practice: Refers to the action that the mother follows before feeding, while feeding such as position, attachment, suckling of newborn, stimulation, after feeding and burping.

Primipara mothers: Refers to the mother who has delivered the first viable child.

HYPOTHESIS

There is a significant association between the breast feeding training programme and the level of knowledge and practice among primipara mothers.

DELIMITATIONS

- The sample size was delimited to 60 primipara mothers.
- The data collection period was delimited to 4 weeks.

CHAPTER II

REVIEW OF LITERATURE

A literature review is a body of text that aims to review the critical points of knowledge on a research and evaluative report of information found in the literature to evaluate and clarifies. It gives a theoretical base of the research and help to determine the nature of research. Review of literature is one of the most important steps in the research process. It is an account of what is already known about a particular phenomenon. The main purpose of the literature review is to convey the readers about the work already done and knowledge and ideas that have been already established on particular topic of the research. This chapter was designed to include the reviews of related literature and the conceptual framework adopted for the study.

PART I - REVIEW OF RELATED LITERATURE

In India, 'Low Birth Weight' constitutes about 30% of all live births. The babies are considered to be 'at risk' for poor child survival. Many studies have shown that they have higher risk of diarrhoea and longer duration of suffering than their normal birth weight counterparts. It is well documented that exclusive breast feeding for the first 4-6 months of life, protects infants from diarrhoea whereas, non breastfed infants have 30 times greater risk of attacks of severe diarrhoea. According to World Health Organization is simple as it is natural. Early initiation of breast feeding, it says, within an hour after birth could bring the Infant Mortality Rate down by 22 percent. A January 2008 series on Infant Mortality and Malnutrition that was published in medical journal Lancet said nearly 77 per cent child deaths attributable to suboptimal breast feeding are due to non exclusive breast feeding during 0-6 months of life.

Review of literature of the present study is arranged in the following heading.

- Literature related to knowledge regarding breast feeding.
- Literature related to knowledge regarding newborn feeding ability.
- Literature related to practice of breast feeding technique.
- Literature related to breast feeding training programme.

PART II - CONCEPTUAL FRAME WORK

PART I

REVIEW OF RELATED LITERATURE

Breast feeding is a cost effective way of feeding an infant, providing nourishment for a child at a small cost to the mother. Frequent and exclusive breast feeding usually delays the return of fertility through lactation amenorrhea, though breast feeding is an imperfect means of birth control. During breast feeding beneficial hormones are released into the mother's body and the maternal bond can be strengthened. Breast feeding is possible throughout pregnancy, but generally milk production will be reduced at some point. Children who are not breast fed are almost six times more likely to die by the age of one month than children who receive at least some breast milk. In most of the serious cases the infant develops if they are not breast feed. This can threaten the life of babies due to mother’s lack of knowledge and practice regarding breast feeding.

Literature related to knowledge regarding breast feeding

Seidel. A. K., et al., (2013) has conducted a comparative study to evaluate the breast feeding knowledge, attitudes, and beliefs before and after educational intervention among rural feeding mothers at Nigeria. The study was conducted among 300 mothers among them 150 mothers were trained and 150 mothers were untrained. A convenient sampling technique was used to select the mothers. A pretest structure questionnaire was used for data collection. The structure teaching covers the breast feeding education. This results revealed that the trained mothers has significantly better results than the untrained feeding mothers significantly improved knowledge of breast feeding.

Hackett. K. M., et al., (2012) has conducted a comparative study to assess the knowledge, attitude and perception regarding infant and young child nutrition and feeding among adolescent girls and young women 15-23 years in West Bangladesh. The study was conducted among 100 samples among them 50 adolescent girls were trained, 50 young women were untrained. A convenient

sampling technique was used to select the adolescent girls and young women. A pre test structured questionnaire was used for data collection. The structure teaching covers the young child nutrition and feeding. The results revealed that an adolescent girl has significantly better results than the untrained young women regarding infant and young child nutrition and feeding. The study concluded that adolescents' girl has increased safe and effective strategy to promote and support improved infant feeding.

Manhire. K. M., et al., (2012) has conducted a cross sectional study to assess the breast feeding knowledge, attitudes beliefs and education needs among supervisor and staff at 32 early childhood centres in Newzland.. This study was conducted among 200 mothers who breast feed. The interview questionnaire methods were used regarding breast feeding techniques and benefits, complications. The result revealed that the mothers were having more knowledge, attitudes beliefs regarding breast feeding. The study concluded that the all centers recognized a need for breast feeding education sessions and greater support for breast feeding mothers.

Venancio. S. I., et al., (2012) has conducted a study to assess the influence of the Baby Friendly Hospitals Initiative on breast feeding indicators in Brazil. Data were analyzed 65,936 infants under the age of 1 year of age. The researcher used interview method to select the breast feeding infant. The study analyzed by means of Poisson regression with robust variance for complex samples. The result revealed that infants born in Baby Friendly Hospitals were 9% more likely to be breast fed in the first hour of life and 6% more likely to be breast fed on the first day at home. Exclusive breast feeding was 13%, 8% and 6% more likely in infants under the ages of 2, 3 and 6 months, respectively, born in Baby Friendly Hospitals. Birth in a Baby Friendly Hospitals also correlated with significant less pacifier use. The study concluded that breast feeding indicator should be introduced at hospital and community.

Nickerson. L. E., et al., (2012) has conducted interventional study to examine mothers' experience of support received from fathers for breast feeding in urban and suburban community at united state of America. The study was conducted

among 19 women. The interview designed that ten themes emerged, these involved practical and emotional support provided by fathers, especially during times of unexpected breast feeding challenges. The result revealed that the mothers' experience of support received from father has significantly improved influence of breast feeding. The study concluded that the father and mother need more breast feeding education.

Matias. S. L., et al., (2011) has conducted cohort study to identify factors associated with exclusive breast feeding among 117 mothers planning to breast feed exclusively at United Kingdom. The data were collected and exclusive breast feeding status was evaluated with a 24 hours recall of infant diet, respectively. The result revealed that more educated and working mothers and infants with lower birth weight should be targeted in interventions to promote Exclusive Breast Feeding in urban mothers. The researcher was also warranted to explore the factors linking depot medroxy progesterone acetate use and breast pain with Exclusive Breast Feeding duration.

Mellin. P. S., et al., (2011) has conducted quasi experimental study to impact on knowledge, comfort level, and attitudes toward breast feeding among healthcare providers, and on amount of exclusive breast feeding at memorial hospital, at Morristown. This study has surveyed breast feeding mothers to determine the impact on the nurse observation of breast feeding, exclusive breast feeding. The result revealed that healthcare providers showed increased levels of knowledge and comfort dealing with breast feeding issues after the education program. Knowledge scores were significantly improved. Comfort level scores were also significantly improved. There was no statistically significant change in attitude toward breast feeding.

Aksu. H., et al., (2011) has conducted a randomized trial study to determine the effects of breast feeding education at home on day 3 postpartum on breast feeding duration and knowledge among 60 women at Turkey. A structure teaching programme was administered from supporters. The result revealed that the breast feeding education and support offered during a home visit on day 3 postpartum was

associated with a significant increase in the percentage of exclusively breastfed infants both at 2 weeks and 6 weeks, and at 6 months, and was also associated with a significant increase in exclusive breast feeding and in total breast feeding duration.

Kishore. M., et al., (2010) has conducted the study to assess the knowledge of breast feeding among 590 primigravida mothers attending ante natal clinic, Krishna Hospital and Medical Research Centre at Karat district. The data collected by utilizing personal interview method. The result revealed that out of 590 primigravida mothers, 59.66% showed fair quality of knowledge about breast feeding. Knowledge about rooming in, family support for breast feeding & burping after breast feeding was 97.7%, there was significantly increased knowledge of breast feeding.

Bosco. J., et al., (2010) has conducted a quasi experimental study to evaluate the effectiveness of the Breast feeding Self Care Program, on early postpartum among 117 primiparous at Japan. A convenience sample used to collect data from intervention group and control group who gave birth in three even numbered months and received standard breast feeding care. The result revealed that the intervention group rose significantly from 34.8 at early postpartum to 49.9 at one month after birth. The control group, the score rose from 39.5 at early postpartum to 46.5 at one month after birth. The early postpartum fully breast feeding rate was 90% for the intervention group and 89% for the control group. At one month postpartum, the fully breast feeding rate declined significantly to 65% for the control group compared to 90% for the intervention group positive effect on the continuation of breast feeding.

Raja. S., et al., (2010) has conducted a cross sectional study to assess the knowledge and actual practices of mothers regarding breast feeding in well baby clinic at Dhahran. The study was carried out among 200 mothers. The data were obtained by interviewed using pre designed questionnaire regarding breast feeding. These questionnaires help to assess the breast feeding knowledge and practice. The result revealed that all mothers knew that they had to breast feed their babies, but they did not have adequate knowledge about the appropriate way of breast feeding.

None of the mothers got any advice regarding breast feeding during antenatal visits. The study concluded that the maternal knowledge towards breast feeding was inadequate and there was a big gap between actual and desired practices.

Nicholas. M., et al., (2010) has conducted a retrospective study to assess the knowledge regarding breast feeding technique among antenatal mothers at Kenya. This study was carried out among 100 antenatal mothers. The simple random sampling techniques were used to select the antenatal mothers. The researcher used a standardized questionnaire regarding the breast feeding. The researcher concluded that the antenatal mothers had low level of knowledge regarding breast feeding technique.

Literature related to knowledge regarding new born feeding ability

Crenshaw. J. T., et al., (2012) has conducted a pilot study to improve skin to skin care and exclusive breast feeding rates in United Kingdom. This study was conducted among 100 mothers. Among them 50 mothers were used descriptive observational design with video ethnography and interaction. 50 mothers they were used electronic health record review test for differences in monthly rates of skin to skin care and exclusive breast milk feeding. The result revealed that mother has significant better improvement in the video ethnography and interact analysis mothers. The electronic health reviewed mothers rates of exclusive breast feeding showed no significant change. The study concluded that practice, reflection education and training, combined with ethnography for sustainable success immersion method might help to rapidly improve skin to skin care.

Robert. M., et al.,(2009) has conducted a study to assess the breast feeding technique and related to breast feeding problem and breast feeding duration in Denmark. The study was conducted among 570 mother baby pairs with complete information on breast feeding technique. The data were obtained by use of self reported questionnaire regarding breast feeding problems. The result revealed that duration of exclusive breast feeding, one half of the mothers showed ineffective breast feeding technique at the first observation, most frequently ineffective position

(61%) and latch (52%). In the unadjusted analysis, only sucking and milk transfer were associated with breast feeding duration. In the adjusted analysis, ineffective technique was significantly associated with mothers reporting early breast feeding problems, which there by influence breast feeding duration.

Singh. S., et al., (2008) has conducted on the feasibility of Integrated Management of Neonatal Childhood Illness guidelines on effective breast feeding in a rural area of North India. The study was conducted among 32 mothers who breast feed. The purposive sampling techniques were used to select the mother. A pre intervention observation related to position and attachment of the baby while feeding, a demonstration of correct breast feeding practices was made to mothers as per Integrated Management of Neonatal Childhood Illness guidelines. The result revealed that a significant number of mothers (82.8%) were keeping the baby close to them, correct attachment 41.4% and correct position for feeding 42.5%. The study concluded that knowledge about the positioning and attachment of infant can improve and the breast feeding technique of mothers.

Ayari. I., et al., (2005) has conducted to the influence of breast feeding technique on the frequency of exclusive breast feeding and nipple trauma in the first month of lactation in Brazil. The study was conducted among 211mother baby pair in the maternity ward who was searched for unfavorable parameters of breast feeding. The simple random sampling techniques were used to select the mother. A pretest structure questionnaire was used for data collection. The structure teaching questionnaires cover by the breast feeding education and problems. The result revealed that the women with trauma presented a higher number of unfavorable parameters related of positioning. And mothers were found significant association between a better technique at day 30 and the practice of exclusive breast feeding.

Faridi. M. M., et al., (2003) has conducted a study on relationship between positioning, the breast feeding dynamic, the latching process and pain in breast feeding mothers with sore nipples in United State of America. The study was conducted among 95 healthy post partum breast feeding mothers who sequentially reported sore nipples. The data were obtained by use of four attribute categories

such as the baby's face position, the baby's body position, the breast feeding dynamic and the latching process of the baby. The result revealed that more optimal latching process behaviour has significant association and no significance found lower level of pain in breast feeding mothers. The study concluded that the assessment of breast feeding should be comprehensive and should begin before the infant is at the breast.

Cookie. M., et al., (2004) has conducted an experimental study to the assessing midwives' breast feeding knowledge, properties of the newborn feeding ability questionnaire and breast feeding initiation practices scale in Australia. The study was conducted among 3500 midwives were analyzed and revealed that five factors on the New born Feeding Ability questionnaire. The Breast feeding Initiation Practice revealed three factors related to observing pre feeding behavior, mother baby care and attachment and positioning practices. The result revealed that the predictive validity of knowledge was moderate and contributed to 31.5% of variance in reported practice. Midwives were highly significant association found between the knowledge scores and more likely to report best practice when assisting mothers to initiate breast feeding.

Literature related to practice of breast feeding technique

Erikson. B., et al., (2012) has conducted a comparative study to identify the breast feeding practices among the rural and urban areas of Vietnam. The study was conducted among 2,690 mothers, among them 1,345 mothers were from rural areas, and 1,345 mothers were from urban areas. A convenient sampling technique was used to select the mothers. A pretest structure questionnaire was used for data collection. This study result revealed that initiation of breast feeding during the first hour of life was more frequent in the urban area compared to the rural. The urban area mother has significantly better results than the rural area mothers regarding breast feeding practice.

Harison. R. S., et al., (2012) has reviewed a cross sectional study to evaluate knowledge, attitude and practice about breast feeding among 1450 post natal mothers at California. The interview questionnaire method was used regarding breast feeding technique, advantages and data were obtained from postnatal mothers. This study result showed that the mothers with increased age, higher education and high socio economic status were having more knowledge, attitude and practice regarding breast feeding among postnatal mothers.

Zakarija. I., et al., (2012) has conducted a cohort study to evaluate the impact of breast feeding hospital initiative training on hospital practices and breast feeding rates during the first 12 months of life at Croatia. The study was conducted among 773 mothers. The data were collected by interview to evaluate hospital practices and infant feeding. Six out of 10 baby friendly practices were assessed using standardized forms. The results revealed that three months after training was completed, 3 of the baby friendly practices assessed had significantly improved. The proportion of newborns exclusively breast fed during the first 48 hours increased from 6.0% to 11.7%. There was no difference in breast feeding rates at discharge or at 3, 6, or 12 months between the pre and post training groups.

Abdulfadl. A. M., et al., (2012) has conducted a study to assess the breast feeding knowledge, attitudes, and practice among 150 feeding mothers at Egypt. A simple random sampling method was used. The interview questionnaires were used to collect the data among breast feeding mothers. The result revealed that the 73% feeding mother had significantly improved their knowledge, attitude, practice regarding breast feeding.

Lundberg. P. C., et al., (2012) has conducted descriptive study to assess the breast feeding attitudes and practices among 23 Vietnamese women in Ho Chi Minh City. The data's were collected using semi structured in depth interview with five open ended questions and observation. The result revealed that a 63% woman's had significant association between attitude and practice among breast feeding.

Taylor. E. C., et al., (2012) has conducted a descriptive and non parametric study to assess the ten steps for successful breast feeding in hospital serving among 100 low wealth patients in United Kingdom. Used baseline data collected for 10 steps of breast feeding questionnaires. Result revealed that some steps policy, training, skin to skin, no supplements, and no artificial nipples, followed by parenteral counseling, rooming in reflected differences in relative baseline breast feeding rates between settings and informant interviews revealed misunderstanding of some steps. The study concluded that limited exposure and understanding lead to self appraisal errors and errors in actual practices.

Elsvie. D. K., et al., (2012) has conducted a cross sectional study to assess the knowledge, attitude and practices regarding breast feeding on selected hospital at Taiwan. This study was conducted among 250 feeding mothers. The cluster randomized sampling was used to select the data and used pretest questionnaires to assess the knowledge and attitude. The study result showed that the 83% breast feeding mothers were knew how to correctly perform breast feeding and 94% feeding mothers were did not know how to perform breast feeding. The researcher concluded that the feeding mothers have moderate level of knowledge, attitude and practice regarding breast feeding.

Sandoval. N., et al., (2011) has conducted cluster randomized study to assess the effectiveness of an implementation strategy for a breast feeding guideline in Primary health Care centres in Leganesat Spain. The study was conducted among 240 mothers, 120 exclusively breast feeding mothers and 120 mothers were predominant breast feeding. A pre test structure questionnaire was used to collect the data about the breast feeding guidelines. The results revealed that the exclusively breast feeding mothers had significantly improved breast feeding and the predominant mothers had no association in breast feeding. The study concluded that the guide's recommendations, clinical variability could be reduced and the cares received by mothers could be improved.

Ukegbu. A. U., et al., (2011) has conducted a cross sectional study to identify the factors influencing breast feeding pattern among 228 nursing mothers in

Anambah State, Nigeria. The researcher used systematic random sampling method as they visited the maternal and child welfare clinics. The data were collected by four sessions of focus group discussions. The result revealed that the main source of breast feeding education was government health facilities (80.5%). Only 85 (37.3%) nursing mothers were exclusively breast feeding. The Exclusive breast feeding was significantly associated with maternal older age, parity, delivery at government facility, positive family attitude towards exclusive breast feeding and breast feeding education from government health facility.

Ram. C., et al., (2010) has conducted a cross sectional study to assess the correct position, attachment and effective suckling in the breast feeding of infants as practiced by among 192 mothers attending hospitals at Benghazi. The data were collected from mothers and baby's position, attachment and effective suckling using Breast Feed observation form. The result revealed that 15% of the infants were about a week old and 85% were in the late neonatal period. There was poorer positioning among primipara (24.0%) than Multipara (8.9 to12.5%) mothers. Poorer attachment was also more evident among primipara (30.0%) compared to Multipara (20.9%) mothers. Parity was significantly associated with poor position and attachment. Poor attachment was related to cracked nipples and mastitis. Preterm and low birth weights were significantly associated with poor attachment and poor effective suckling. Poor suckling was more (42.8%) in the early neonatal period than late neonatal period (32.9%).

Literature related to breast feeding training programme

Ekstrapm. A., et al., (2012) has conducted longitudinal study to evaluate the effects of process oriented training in supportive breast feeding counselling for midwives and postnatal nurses in Sweden. The researcher used randomized sampling techniques to either the intervention or control groups. Among 500 primipara mothers living in either an intervention. Data collection for control group A started before the intervention was initiated. Data for control group B were collected simultaneously with the intervention group. The result revealed that the process oriented training program for midwives and postnatal nurses, the

Intervention group mothers had a significantly longer duration of exclusive breast feeding, even if the initial breastfeeding session did not occur within 2 hours after birth, than the corresponding group of Control group A and Control group B mothers.

Chapman. D. J., et al.,(2013) has conducted a study to evaluate the specialized breast feeding peer counselling among 206 pregnant overweight or obese, low income women at Luknow. The researcher used randomized sampling technique to receive specialized breast feeding peer counselling or standard care at a Baby Friendly Hospital. The datas were obtained by including in hospital interview, medical record review, and monthly telephone calls through 6 months postpartum. The result showed the intervention had no impact on EBF or breast feeding continuation at 1, 3, or 6 months postpartum. In analyses, at 2 weeks postpartum the intervention group had significantly greater odds of continuing interval and giving at least 50% of feeding as breast milk.

Meyer. N., et al., (2012) has conducted cohort study to promote breast feeding in maternity clinics by improving the surrounding conditions. A clinic based and community related intervention trial was carried out in Lower Bavaria. The training programme was based on the world health organization criteria of the "Ten Steps to Successful Breast feeding" to deepen the breast feeding knowledge and to improve the breast feeding management. The results revealed that approximately 85% of the staff of the 10 maternity clinics attended the training course. The survey after the training programme indicated that more than 80% of the participants stated to have learned something new and to be able to use the knowledge acquired for their own practice. Results of the clinic interviews showed a transfer of training contents into clinical work routines

Jennifer. H. G., et al., (2012) has conducted a cross sectional descriptive study to estimate the prevalence of the early initiation and exclusive breast feeding in the rural health training centre of a medical college in Tamil Nadu, south India. The study was conducted by interviewing 79 mothers of the children in the age of 0-24 months who attended the under five clinic of rural health training centre.

Pulipakkam. The data was collected by using the pretested, structured questionnaires to obtain the information on the breast feeding and the hygienic feeding practices among mothers by using the statistical package. The result revealed that the mothers had significant association to information on breast feeding and hygienic feeding practices.

Arikan. D., et al., (2012) has conducted a randomized design study to determine the effect of training administrated to working mothers and its duration on maternal anxiety level and breast feeding habits, in Turkey. The study was conducted among 60 working mother. Data collection of pre test a personal information form, a questionnaire and a state trait anxiety inventory were administered to the mothers in the experimental and control groups. The results revealed that the rate of lateral feeding among trained mothers was greater than untrained mothers. The frequency of breast feeding effects, maternal anxiety level and the anxiety level of mothers decreased with increasing frequency of breast feeding.

Kylberg. E., et al., (2012) has conducted a randomized study to evaluate the effects of process oriented training in supportive breast feeding counselling for midwives and post natal nurses on the time lapse between the initial breast feeding sessions in Sweden. The 540 samples primipara living in either and intervention or control group A 162, control group B 172 were collected simultaneously with the intervention group 206. The results revealed that the process oriented training programme for midwives and postnatal nurses. The intervention group mothers had a significantly longer duration of exclusive breast feeding. Fewer infants in the intervention group received breast milk substitutes without medical reasons compared with control groups. The intervention group infants were significantly older when breast milk with the infants in the control group.

Kornberg. H., et al., (2011) has conducted intervention mapping study to assess the development of a postnatal educational program among 200 breast feeding mothers in community settings in Denmark. The researcher used randomized sampling technique. The mothers were interviewed theory based

methods such as individualization, skills training with guided practice, reattribution, planning coping responses, and mobilizing social support were built into a health visitor delivered program. The result revealed that 62% of feeding mothers had significant association in development of postnatal program. The study concluded that support of the breast feeding mother in community settings should address the psychosocial and practical aspects of breast feeding to prevent premature cessation.

Ingram. J., et al., (2011) has conducted a study to evaluate the effects of Baby Friendly Initiative community training on breast feeding rates, staff and mothers in a large Primary Care Trust. United Kingdom. A total of 141 health visitors and nursery nurses were trained on mandatory three days Baby Friendly Initiative courses. Evaluation Breast feeding attitudes, knowledge and staff confidence in helping mothers to breast feed were measured using a validated Breast feeding Questionnaire and a self efficacy tool at three time points before and after training. The result revealed that the response to the course was overwhelmingly positive and felt to be extremely worthwhile. Health visitors felt confident about enabling nursery nurses to take a greater role in breast feeding support.

Osband. Y. B., et al., (2011) has conducted a randomized study to investigate breast feeding training offered during 3 years pediatric residency programs and to describe residency programs' policies and services for residents who breast feed, Medical College at New York. The study was conducted among 150 mothers. Structure teaching programme was administered for mothers. The result revealed that the 77.3% of respondents the amount of breast feeding education offered to their pediatric residents. At the programs primary teaching hospitals, breast feeding residents are provided breast feeding rooms (67.0%), breast pumps (75.3%), and breast milk storage facilities (87.6%). Only 10 programs reported having an official policy to accommodate breast feeding residents. There is significant association between the breast feeding training offered during 3 year pediatric residency programme and residency programme, policies and services for residents who breast feed.

Linda. K, etal.,(2011)has conducted a study to assess the level of effectiveness of breast feeding training programme among 125 mothers in selected hospital at Philippines. The purposive sampling was used. The data was collected from mothers with breast feeding practice standardized stool. The result revealed that the 85% of mothers were gained effective practice and 15% of mothers gained moderate practice through direct training programme regarding effectiveness of breast feeding practice.

Khresheh. R., et al., (2011) has conducted a randomized controlled trial to assess the effect of a postnatal education and support program on breast feeding among primiparous women, Mutah university hospital, Jordan. The study was conducted in 90 primiparous, 45 were intervention group, 45 were control group. The data collected with postnatal educational session and follow up phone calls at two months and four months postpartum, the control group in which they received routine postnatal care. The result revealed that the postnatal education and support program significantly improved breast feeding knowledge measured by differences between mean pre and post test scores. There was significant association for the intervention group and no significant association for the control group.

Grkovic. I., et al ., (2008) has conducted study to evaluate knowledge, practices, and attitudes to breast feeding among Croatian health professionals before and after the United Nations International Children's Emergency Fund/World Health Organization 20 hours course at sultans. In 308 health professionals attitudes were assessed using the validated Iowa Infant Feeding Attitude Scale. The result revealed that of the training, the proportion of those who after training inappropriately recommended partial or complete cessation of breast feeding remained high at 47%. The number of staff with positive attitudes toward breastfeeding increased from 65% to 79%, whereas the number of staff with neutral attitudes dropped from 26.6% to 9.9%. The researcher concluded that effective tool for improving health professionals' breast feeding knowledge, attitudes and practices.

PART II

CONCEPTUAL FRAMEWORK

Conceptual framework represents a less formal attempt at organizing a phenomenon. Conceptual model deal with concepts that are used as building blocks and provide a conceptual perspective regarding interrelated phenomena which are closely structured.

The central focus of Reva Rubin's frameworks is maternal role attainment (Rubin, 1967). She described the maternal role as a complex cognitive and social process which is learned, reciprocal, and interactive. Maternal identity is considered the culmination or end point of Maternal Role Attainment, characterized by the woman's comfort in her role. Rubin's work focused on mothers and dealt with maternal role attainment from the point of acceptance of the pregnancy to one month postpartum.

Primary Concept is a developmental and interactional process occurs over a period of time. Mother bonds with infant, acquires competence in caretaking tasks, enjoys and expresses joy and pleasure in the role. Maternal role attainment is the process by which the mother becomes emotionally involved with her child, becomes a capable caregiver and finds satisfaction in her role. A positive self concept includes self esteem and acceptance of self. Attachment is the process of forming emotional commitment and fondness for another individual.

The Reva Rubin conceptual framework has three system which included micro system, mesosystem and macro system. Microsystem including anticipatory stage, formal stage, informal stage, and personal stage so, the investigator has adopted maternal role attainment theory to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers.

The micro system

Micro system is the immediate environment where maternal role attainment occurs. This indicated the family and factors such as family functioning, mother, father relations ships, social support and stress. The infant is an individual embedded within the family system. This system is the most influential on maternal role attainment and attainment is achieved within the micro system through the interactions of father, mother and child.

Thus the researcher included the demographic variables of the primipara mothers like age, religion, education, occupation, income, type of the family and obstetrical variables like nature of delivery, term of birth, condition of baby at birth, condition of the nipple. This helps the researcher to consider the factors influencing breast feeding knowledge and practice among primipara mothers.

The mesosystem

The mesosystem encompass influences and delimits the mesosystem. The mother and infant units is not contained within the mesosystem, but the mesosystem may determine in part what happens to the developing maternal role and the child, so the researcher observes the primipara mothers, family care givers and neighbor's entities within the mother's more immediate community. The primipara mothers are developing her own style of breast feeding to improve their newborn health status.

The macrosystem

The macrosystem refers to the general prototypes existing on particular culture or transmitted cultural consistencies. This includes the social, political and cultural influences on other two systems. This involves the influences of health care personal, midwives, staff nurses, auxiliary nurse midwives on the action of breast feeding and maternal role attainment.

MATERNAL ROLE ATTAINMENT

Anticipatory stage

Anticipatory begins on the pregnancy and includes initial social and psychological adjustments to pregnancy. The mother expects to learn about breast feeding technique and role plays practice of newborn and feeding with difficulties.

Formal stage

Formal stage is the mothers begins to learn with the birth of infants and learning and taking of the role formally regarding advantages of breast feeding, breast milk expression, practical aspects of breast feeding, problems with breast feeding, advantage of skin contact by flash cards, video clips through structured teaching programme.

In formal stage

In formal stage, mother makes her new role to fit within the existing lifestyle based on past experiences and future goals. The primipara mothers develop breastfeeding practice through breast feeding training programme by dummy doll demonstration. Position, attachment and suckling, care of the newborn after feeding is taught to the primipara mother. The mother makes her new role fit within breast feeding practice based on experience of demonstration.

Personal stage

Personal stage is role identity stage occur as the mother internalizes her role. The mothers identify breast feeding role and personalizes it. The mother experiences her neighbor confidence and competence in the way of mother to mother breast feeding demonstration and practice. The primipara mother performs the role and maternal role is achieved.

Positive outcome is adequate knowledge and good practice which has to be enhanced further. Negative outcome is inadequate knowledge and poor practice of breast feeding which needs to be reassessed for further learning.

Reva Rubin’s maternal role attainment theory provides a useful structure for the current researcher for evaluating the breast feeding training programme. Thus the investigator adopted this model and perceived appropriate to assess the knowledge and practice regarding breast feeding among primipara mothers.

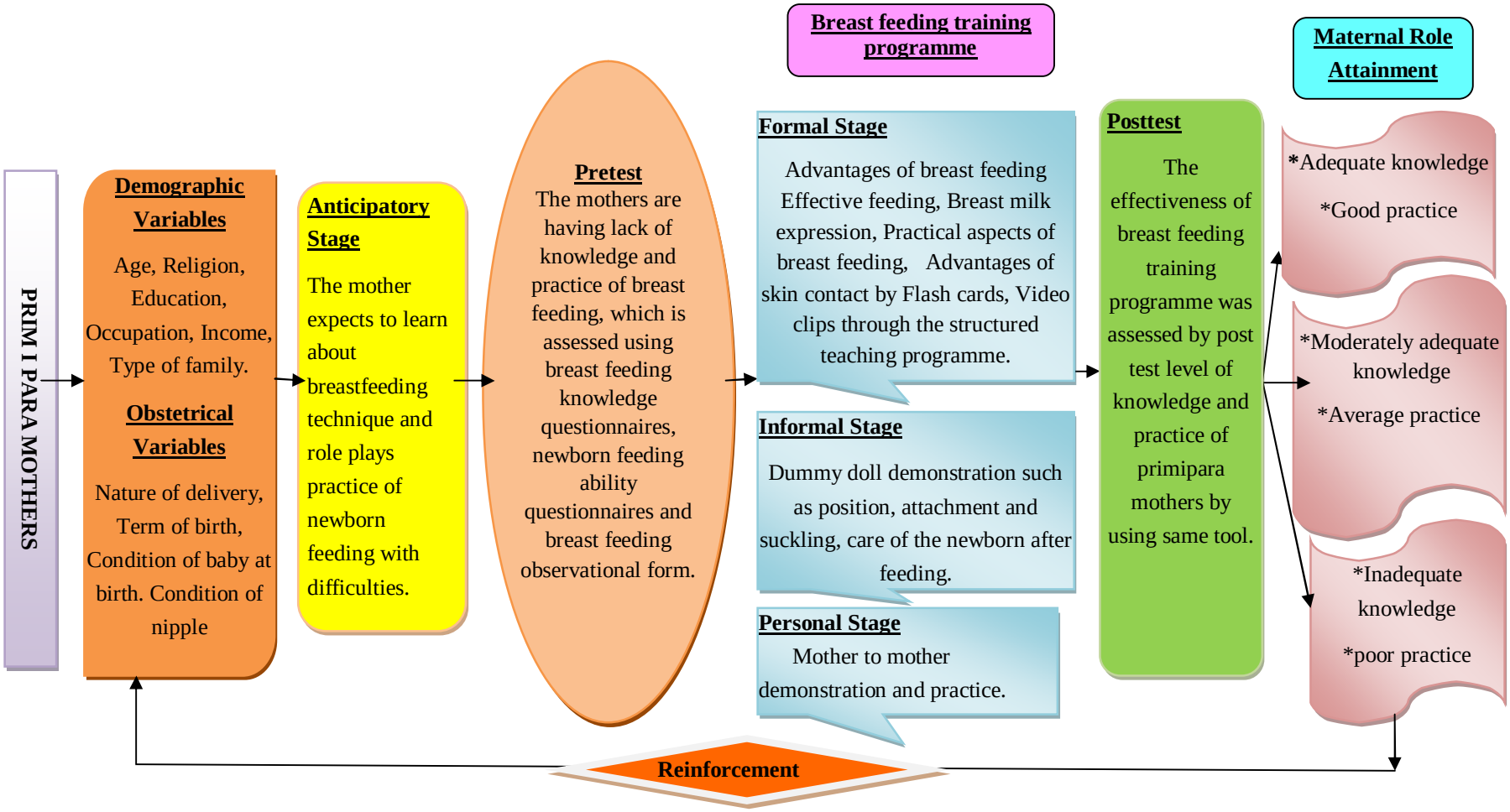

Fig. 1: MODIFIED REVA RUBIN'S MATERNAL ROLE ATTAINMENT THEORY (1960)

CHAPTER III

METHODOLOGY

Research methodology is a system of model procedures and techniques used for the result of research problems. The success of any research depends largely upon their suitability of the tools and technique that the researcher follows to gather adequate data. Research methodology involves systematic procedure which the research starts from initial identification of the problem to its final condition.

This chapter deals with the description of the methodology adopted by the researcher. The chapter includes research approach, research design, and research variables, setting of the study, population, sample, and sample size, sampling technique, criteria for sample collection, data collection procedure and plan for data analysis.

RESEARCH APPROACH

Quantitative research approach was used in this study to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit, Chennai.

RESEARCH DESIGN

The research design used for this study was pre experimental one group pretest post test design. This design was used to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers.

RESEARCH VARIABLES

Independent variables: Refers to the breast feeding training programme.

Dependent variables: Refers to the level of knowledge and practice regarding breast feeding among primipara mother.

SETTING OF THE STUDY

The study was conducted in Saidapet Emergency Obstetrical Care Unit, Chennai. This has a provision of 50 beds. The centre is well equipped with modern modalities and it has adequate facilities like separate antenatal clinics, postnatal ward, delivery room, operation theatre, neonatal ward, and 24 hours emergency obstetrical care unit. Antenatal clinics were conducted every day and Friday registrations of high risk antenatal mothers, new mothers were done.

Deliveries are conducted any time within 24 hours by specialist obstetricians and gynecologists, staff nurses, Axillaries nurse midwives. Postnatal ward and other facilities like laboratory, HIV/VCTC counseling centre, pharmacy, immunization and ultrasound facilities. The average number of postnatal mother is 15 to 20 per day. Out of them the average of 5 to 7 primipara mothers are including spontaneous vaginal delivery and LSCS mothers. This hospital is also providing all the government monetary benefits to the antenatal and postnatal mothers. Duration of hospital stay for normal vaginal delivery mothers are 3 days and LSCS mothers are up to 7 days.

POPULATION

The population consists of all primipara mothers, who were admitted in the postnatal ward in Saidapet Emergency Obstetrical Care Unit at Chennai.

SAMPLE

The sample consists of all primipara mothers, who fulfilled the inclusion criteria.

SAMPLE SIZE

The sample size consists of 60 primipara mothers who fulfilled the inclusion criteria.

SAMPLING TECHNIQUE

Simple random sampling technique (lottery method) was used to select the primipara mothers.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- Primipara mothers between the age of 18 – 35 years.
- Primipara mothers who can understands Tamil and English.
- Primipara mothers who under gone normal vaginal delivery, LSCS and outlet forceps delivery.

Exclusion criteria

- Mothers who were not willing to participate.
- Multipara mothers
- Primipara mothers who delivered twins.
- Primipara mothers were having communicable disease, STD and other systemic diseases.
- Primipara mothers who have new born with congenital anomalies, low birth weight babies, less than 36weeks gestational ages.

DESCRIPTION OF THE INSTRUMENT

The instrument was developed after the literature review and guidance from the experts. It consists of three parts.

Part I

It consists of demographic variables such as age, religion, education, occupation, family income, type of family and the obstetrical variables like nature of delivery, condition of nipple, term of birth and condition of baby at birth.

Part II

It consists of assessment of knowledge regarding breast feeding. The knowledge is measured with two standardized tool such as breast feeding knowledge questionnaire and new born feeding ability questionnaire.

a. Breast feeding knowledge questionnaire - It is a standardized tool developed by the international journal of breast feeding in the year 2008. This is a 5 point likert scale. The mothers are asked to mark their responses against their likert scale.

The components of breast feeding knowledge questionnaire are as follows

- Advantages 1 - 8
- Effective feeding 9 - 13
- Breast milk expression 14 - 18
- Practical aspects of breast feeding 19 - 26
- Problems with breast feeding 27 - 30

b. New born feeding ability questionnaire – It is a standardized tool developed by the Research center for clinical and Community Practice innovation, Singapore. This is a 5 point likert scale. The mothers are asked to mark their responses against the likert scale. The items 16, 17, 18 are reverse scored as they are negative statements.

The components of newborn feeding ability questionnaire are as follows

- Knowledge on skin contact effects 1 - 11
- Innate ability 12 - 15
- Work practice 16 - 18
- Effective breast feeding 19 - 20

The responses are scored as follows

- 1 strongly disagree
- 2 disagree
- 3 not sure
- 4 agree
- 5 strongly agree

The score were interpreted as follows

- 76 – 100% Adequate knowledge
- 51 – 75% Moderately adequate knowledge
- ≤ 50% Inadequate knowledge

Part III

Assessment of practice regarding breast feeding it consists of observational form developed by World Health Organization, 2008. The investigator has marked the observation form while mother performs the breast feeding act.

The components are as follows

Criteria

- Correct body position - 7
- Correctness of attachment - 4
- Correctness of effective suckling - 3

The score will be interpreted as follows

Grade Score

- Good - 0 - 4
- Average - 5 - 8
- Poor - 9 – 14

Part IV

Module consists of planned teaching programme on knowledge and practice regarding breast feeding, using demonstration with dummy doll, mother to mother demonstration, flash cards and video clips.

VALIDITY

The content validity of the instrument was obtained from the experts in the field of obstetrical and gynecology. Simplification of the language and reorganization of certain items were made as per the expert's suggestions.

RELIABILITY

Reliability of the tool was tested by test re test method. Reliability value of breast feeding knowledge questionnaire is 0.84, r value of newborn feeding ability questionnaire is 0.68 and the r value of breast feeding observation form (WHO) is 0.86. So the tool was considered highly reliable to conduct this study.

ETHICAL CONSIDERATION

The study was conducted after the approval of dissertation committee. Formal written permission was obtained from the Deputy Project Coordinator, District Family Welfare Bureau, Corporation of Chennai and study in Saidapet Emergency Obstetric Care Unit at Chennai. The primipara mothers were explained about the study purpose. The formal written consent was taken from the primipara mothers. The usual assurance of anonymity and confidentiality was obtained.

PILOT STUDY

The refined tool was used for the pilotstudy to test the feasibility appropriateness and practicability. The pilot study was conducted in Saidapet Emergency Obstetric Care Unit at Chennai from the duration of 01.04.2013 to 06.04.2013. A formal written permission was obtained from the concerned

authorities and also obtained the written consent from the primipara mothers. It was carried out with 6 primipara mothers who fulfilled the inclusion criteria. The participants were selected by simple random sampling method.

A brief introduction was given and explained the purpose of the study to the primipara mothers. A structure questionnaire tool was distributed to the 6 primipara mothers, to assess the pretest level of knowledge on breast feeding and assessed the breast feeding practice by using the standardized tool. After conducting pretest, the planned training programme was given for primipara mothers by using various devices like flash cards, video clips, and demonstration with dummy doll for 30 to 45 minutes. On 2nd day mothers to mother demonstration 15 to 20 minutes, doubts and questionnaires were clarified by the researcher. The post tests was conducted then with same set of questionnaires and practice were assessed by breast feeding observational form without knowledge of primipara mothers on the 3rd day.

DATA COLLECTION PROCEDURE

The formal written permission was obtained from The Deputy Project Coordinator, District Family Welfare Bureau, and Corporation of Chennai. The data was collected over a period of 4 weeks duration in the month of May from 06.05.2013 to 06.06.2013. The study was carried out among 60 primipara mothers who fulfilled the inclusion criteria. Simple random sampling technique (Lottery method) was used to select the sample. The investigator introduced herself to the primipara mothers and explained the purposes of the study to ensure better co-operation.

Everyday 3 to 5 primipara mothers were selected by simple random sampling method (lottery method). On first day assessed on their level of the knowledge and practice of breast feeding was assessed using standardized tool. After conducting pre test, the planned training programme 30 to 45 minutes was given for primipara mothers by using various devices like flash cards, video clips, and demonstration with dummy doll. On 2nd day Mother to Mother Demonstration 15 to 20 minutes, as

a group (3 to 5mothers). The investigator has conducted the post test by using the same standardized tools, for primipara mother on the 3rd day.

DATA ANALYSIS

The data was analyzed in term of the objectives of the study using both descriptive and inferential statistics. Demographic variables of primipara mothers were analyzed in terms of frequency and percentage distribution. Mean and standard deviation was used to compute pre and posttest level of knowledge and practice of breast feeding. Paired't' test was used to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers. Karl Pearson coefficient was used to correlate between posttest level of knowledge and practice regarding breast feeding. Chi square test was used to associate the pre and posttest level of knowledge and practice among primipara mothers with their selected demographic and obstetrical variables.

A STUDY TO ASSESS THE EFFECTIVENESS OF BREAST FEEDING TRAINING PROGRAMME ON KNOWLEDGE AND PRACTICE AMONG PRIMIPARA MOTHERS IN SAIDAPET EMERGENCY OBSTETRIC CARE UNIT AT CHENNAI.

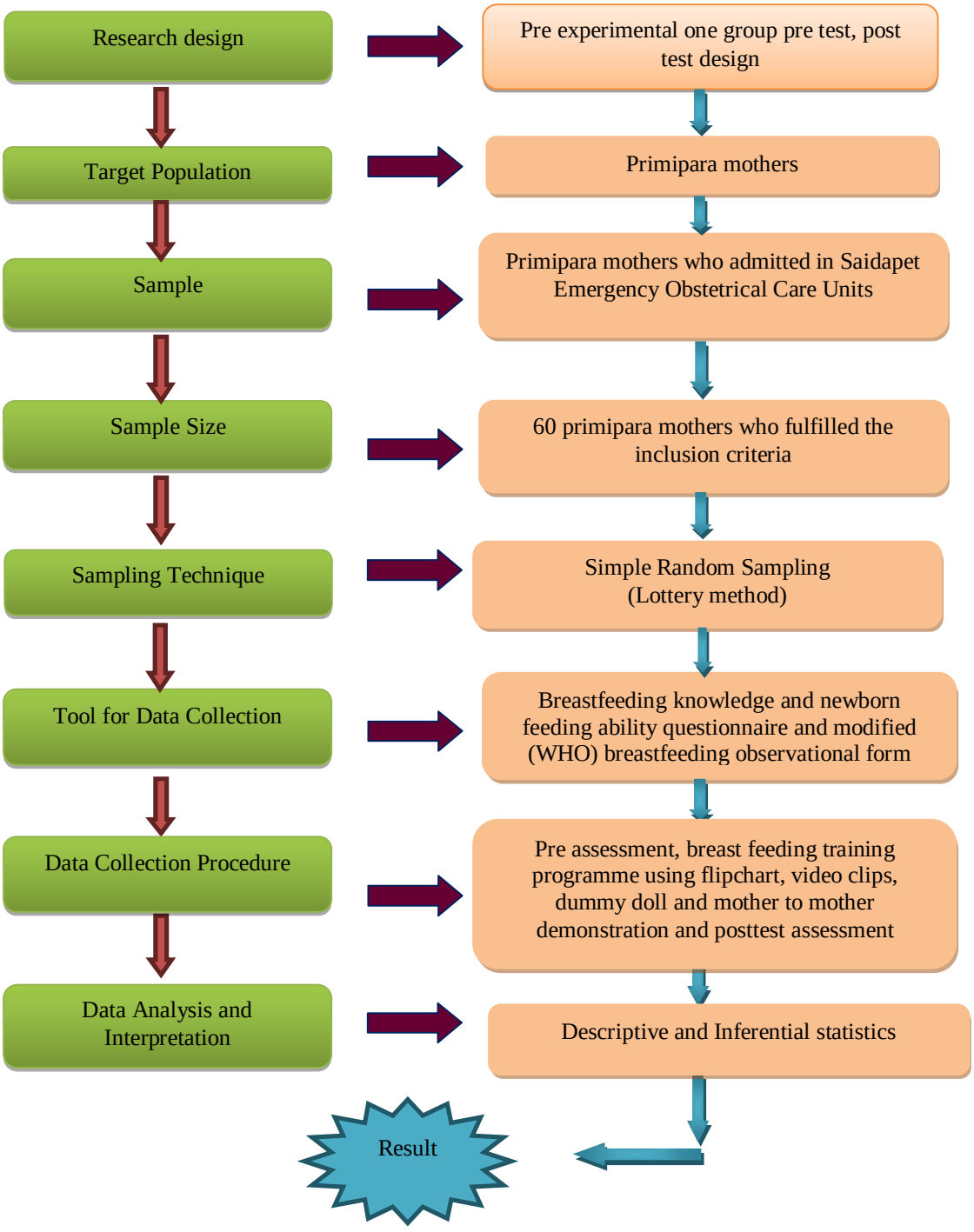

Fig. 2: Schematic representation of research methodology

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

It is a systematic organization and synthesis of research data in order to answer the research question and test hypothesis. Interpretation is the process of making sense of study results and of examining their implication. The data findings have been analyzed and tabulated in accordance to the plan for data analysis and are interpreted under the following headings.

Section A: Frequency and percentage distribution of demographic variables and obstetrical variables among primipara mothers.

Section B: Frequency and percentage distribution of pretest level of knowledge and practice regarding breast feeding among primipara mothers.

Section C: Frequency and percentage distribution of posttest level of knowledge and practice regarding breast feeding among primipara mothers.

Section D: Comparison between pretest and posttest level of knowledge and practice regarding breast feeding among primipara mothers.

Section E: Comparison of mean and standard deviation of pretest and posttest level of knowledge and practice regarding breast feeding among primipara mothers.

Section F: Correlation between posttest level of knowledge and practice regarding breast feeding among primipara mothers.

Section G: Association of pretest level of knowledge and practice regarding breast feeding among primipara mothers with their selected demographic variables.

Section H: Association of pretest level of knowledge and practice regarding breastfeeding among primipara mothers with their selected obstetrical variables.

Section I: Association of posttest level of knowledge and practice regarding breast feeding among primipara mothers with their selected demographic variables.

Section J: Association of posttest level of knowledge and practice regarding breast feeding among primipara mothers with their selected obstetrical variables.

SECTION – A

Table 1: Frequency and percentage distribution of demographic variables among primipara mothers.

N = 60

S.No	Demographic variables	Frequency	Percentage
1	**Age**		
	18 -20 yrs	4	6.7
	21 -30 yrs	51	85.0
	31 -35 yrs	5	8.3
2	**Religion**		
	Hindu	51	85.0
	Christian	3	5.0
	Muslim	6	10.0
3	**Education**		
	No formal education	4	6.7
	Primary education	16	26.7
	Higher education	26	43.3
	Graduate	14	23.3
4	**Occupation**		
	House wife	54	90.0
	Business	2	3.3
	Government	0	0.0
	Private	4	6.7
5	**Family income**		
	<Rs.2000	16	26.7
	Rs. 2001 – 5000	35	58.3
	>Rs. 5000	9	15.0
6	**Type of family**		
	Joint family	29	48.3
	Nuclear family	31	51.7

Table 1 represents the frequency and percentage distribution of demographic variables among primipara mother. With respect to the age of primipara mothers, 51 (85.0%) were in the age group of 21 – 30 years and 5 (8.3%) were in the age group of 31 – 35 years. 4 (6.7%) were in the age group of 18 – 20years. Regarding religion of primipara mothers, 51 (85.0%) were Hindu, 3 (5.0%) were Christian and 6 (10.0) were to Muslim community. Considering the educational status of primipara mothers, 26 (43.3%) have completed their primary education, 16 (26.7%) have completed their primary education, 14 (23.3%) have completed their graduate and 4 (6.7%) mothers have no formal education.

Regarding occupation of the primipara mothers 54 (90.0%) of them were house wives, 4 (6.7%) were doing private employees and 2 (3.3%) were doing business. In accordance with the family income, 35 (58.3%) mothers were within the income group of Rs. 2000 - 5000, 16 (26.7%) were within the income group of less than Rs. 2000 and 9 (15.0%) belongs to the income group of >Rs. 5000. Related to type of family, 31 (51.7%) were living in nuclear family and 29 (48.3%) were living in the joint family.

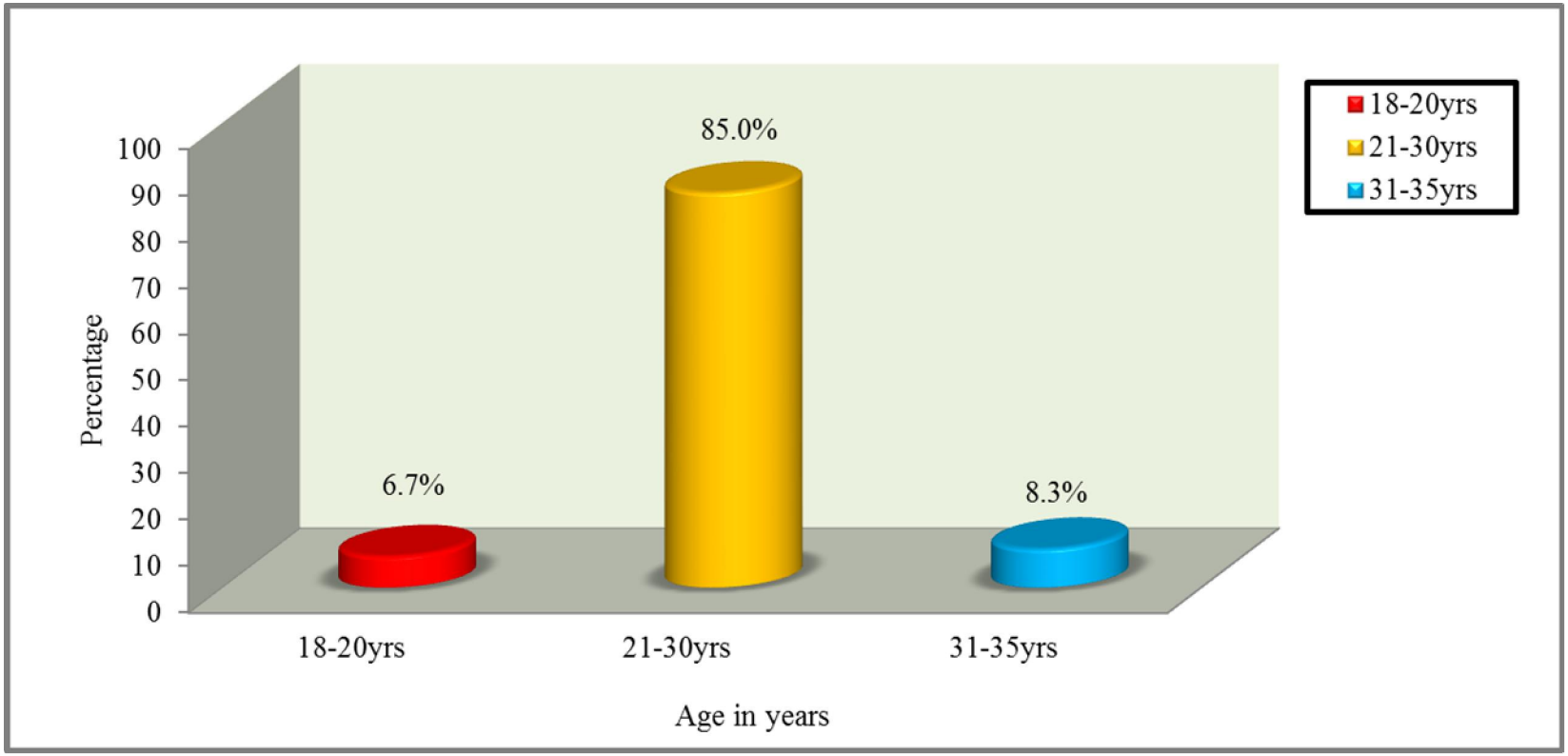

Fig. 3: Percentage distribution of age among primipara mothers

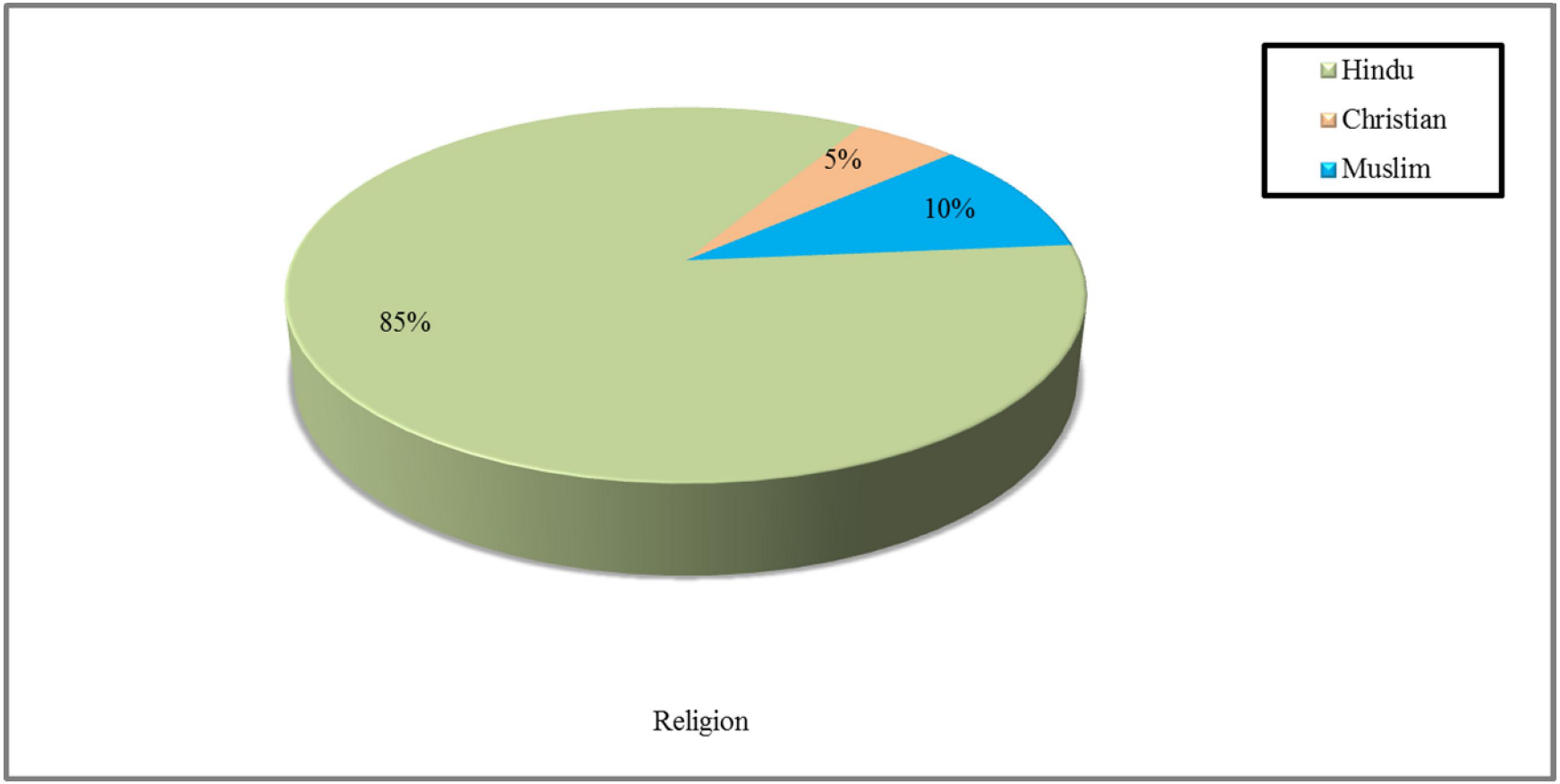

Fig. 4: Percentage distribution of religion among primipara mothers

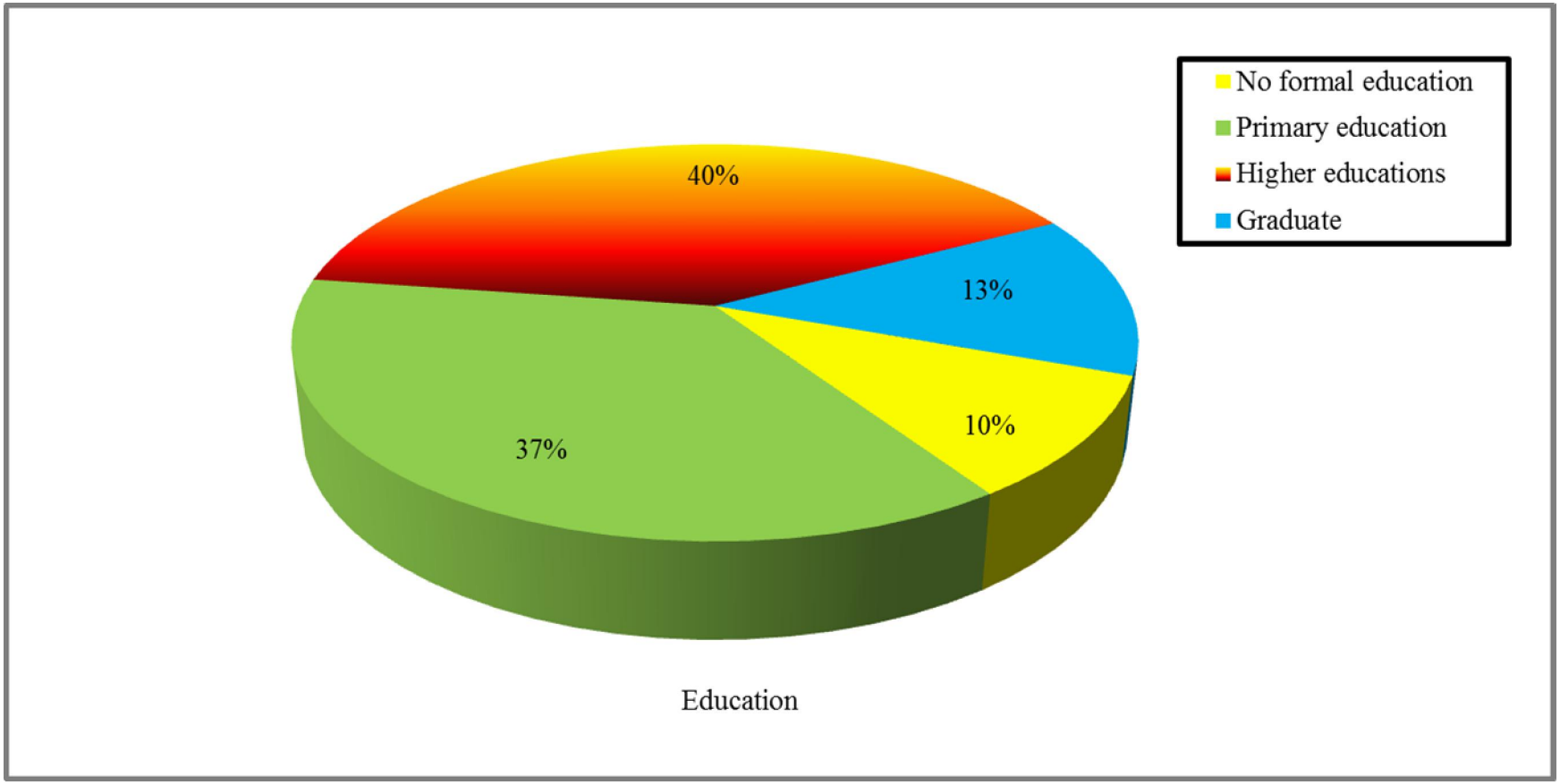

Fig. 5: Percentage distribution of education among primipara mothers

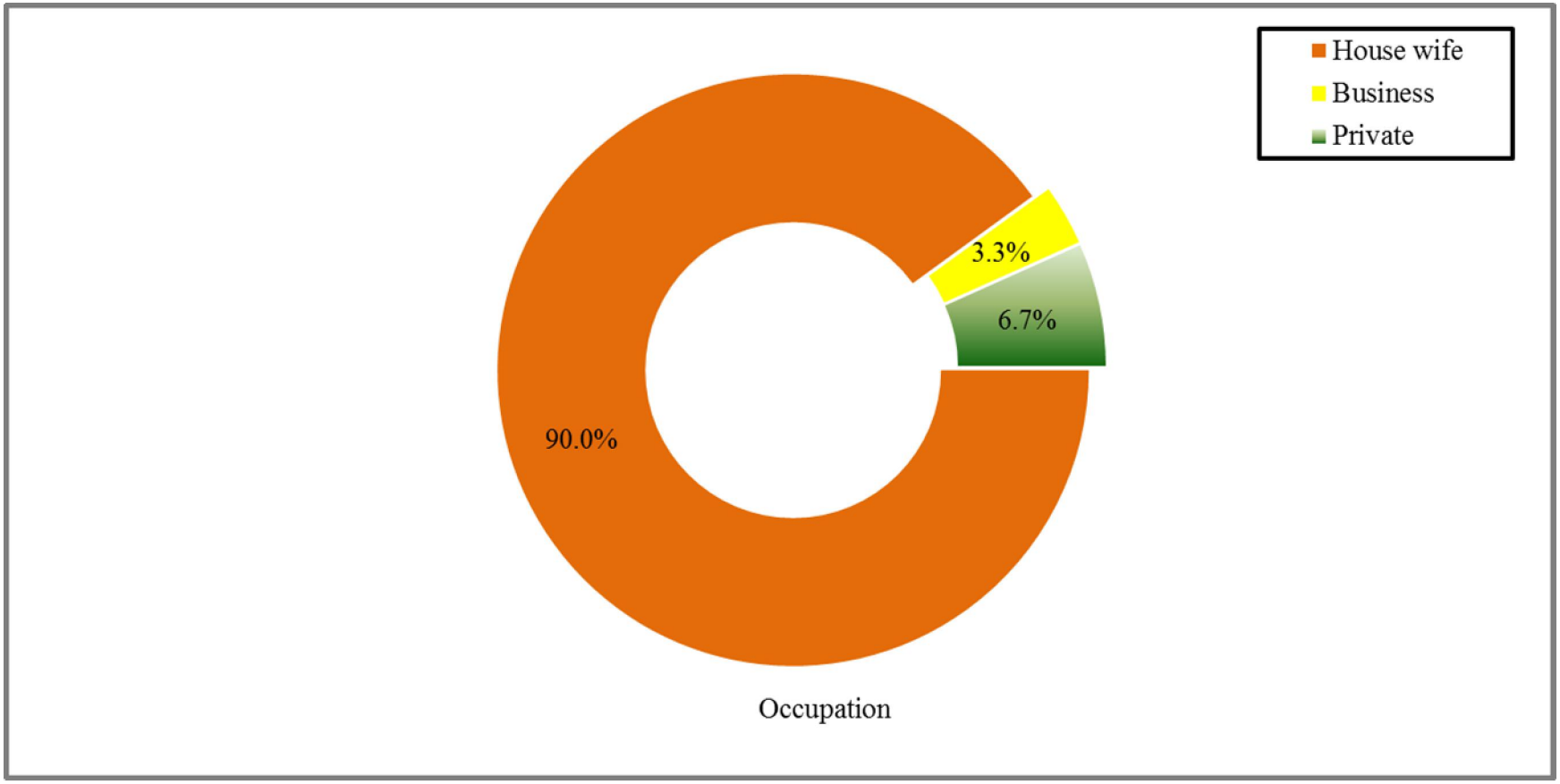

Fig. 6: Percentage distribution of occupation among primipara mothers

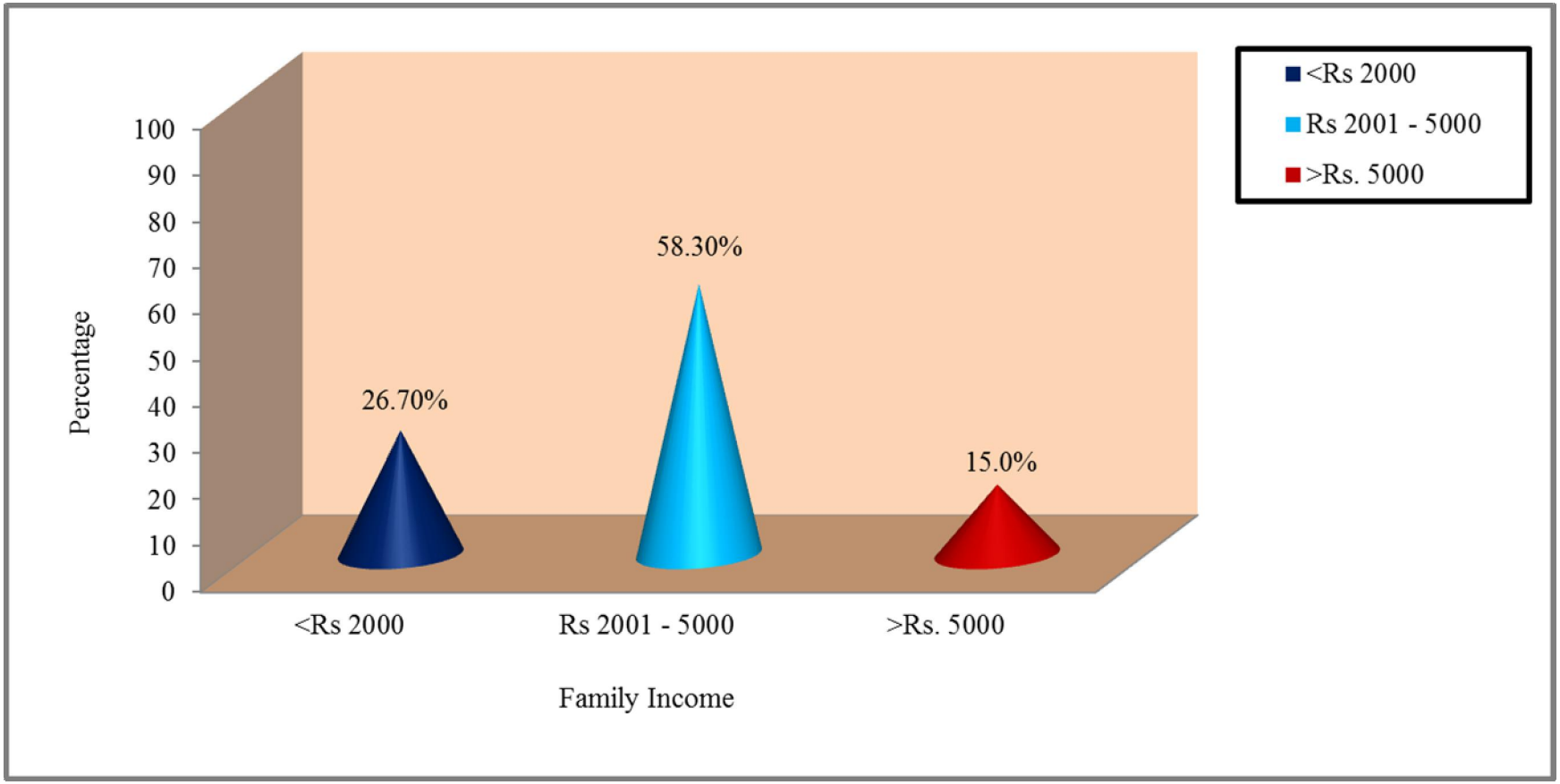

Fig. 7: Percentage distribution of family incomes among primipara mothers

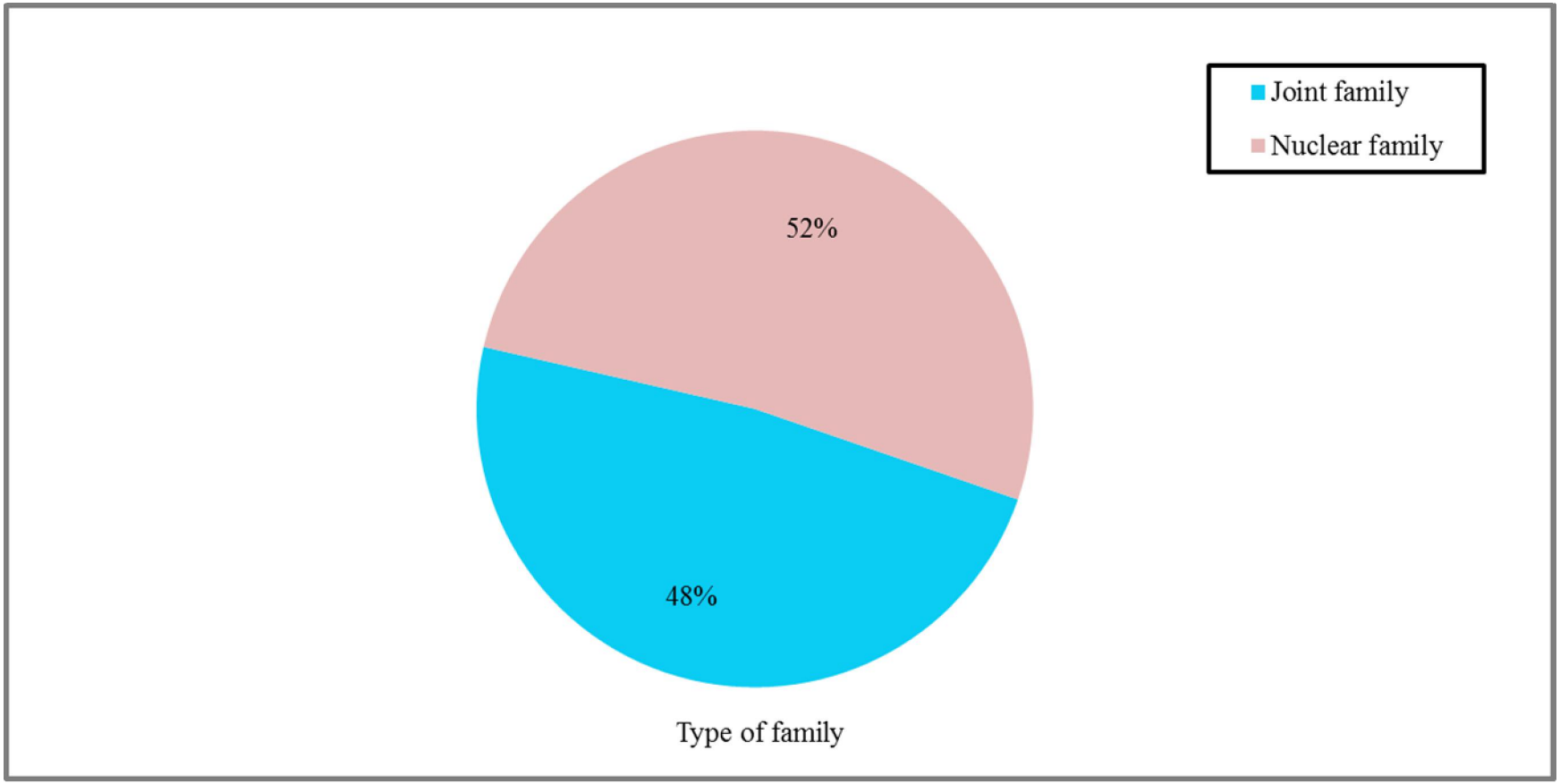

Fig. 8: Percentage distribution of type of family among primipara mother

Table 2: Frequency and percentage distribution of obstetrical variables among primipara mothers.

N = 60

S.No	Obstetrical variables	Frequency	Percentage
1	**Nature of delivery**		
	Normal	40	66.7
	LSCS	20	33.3
2	**Condition of nipple**		
	Erect Nipple	52	86.7
	Flat nipple	3	5.0
	Inverted nipple	5	8.3
	Sore nipple	0	0.0
	Cracked nipple	0	0.0
3	**Term of birth**		
	Pre term	2	3.3
	Full term	52	86.7
	Post dated	6	10.0
4	**Condition of baby at birth**		
	Normal	59	98.3
	Asphyxia	1	1.7

Table 2 represents the frequency distribution of obstetrical variables among primipara mothers. With respect to the nature of delivery, 40 (66.7%) mothers were delivered normally and 20 (33.3%) have underwent LSCS. With regard to condition of nipple, 52 (86.7%) were with erect nipple, 5 (8.3%) were with inverted nipple and 3 (5.0%) were having flat nipple. Regarding term of birth, 52 (86.7%) mothers delivered at full term birth, 6 (10.0%) have delivered postdated birth and 2 (3.3%) were preterm delivery. Considering the condition of birth 59 (98.3%), babies were normal at birth and1 (1.7%) baby was in asphyxia at the time of birth.

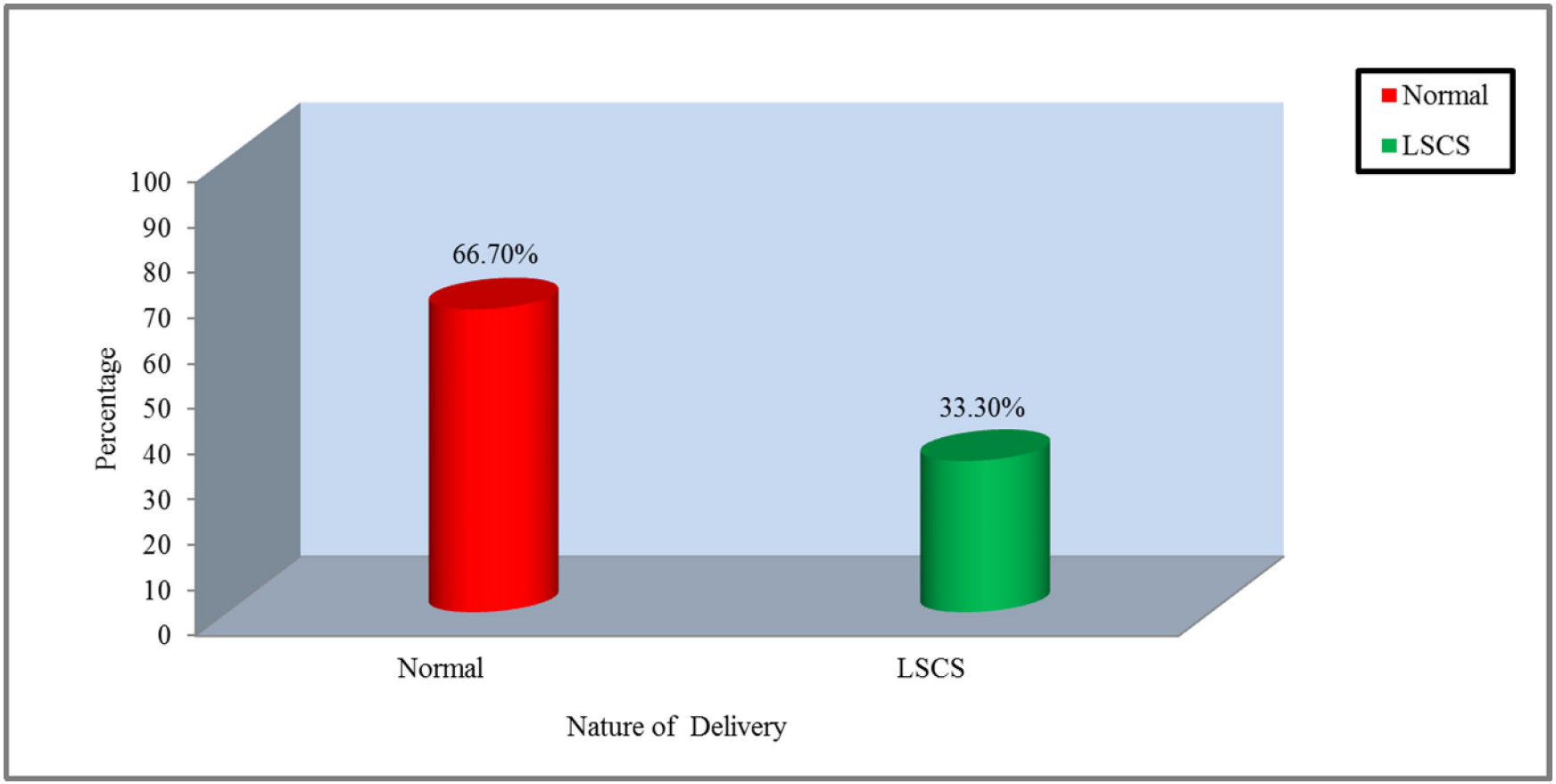

Fig. 9: Percentage distribution of nature of delivery among primipara mothers

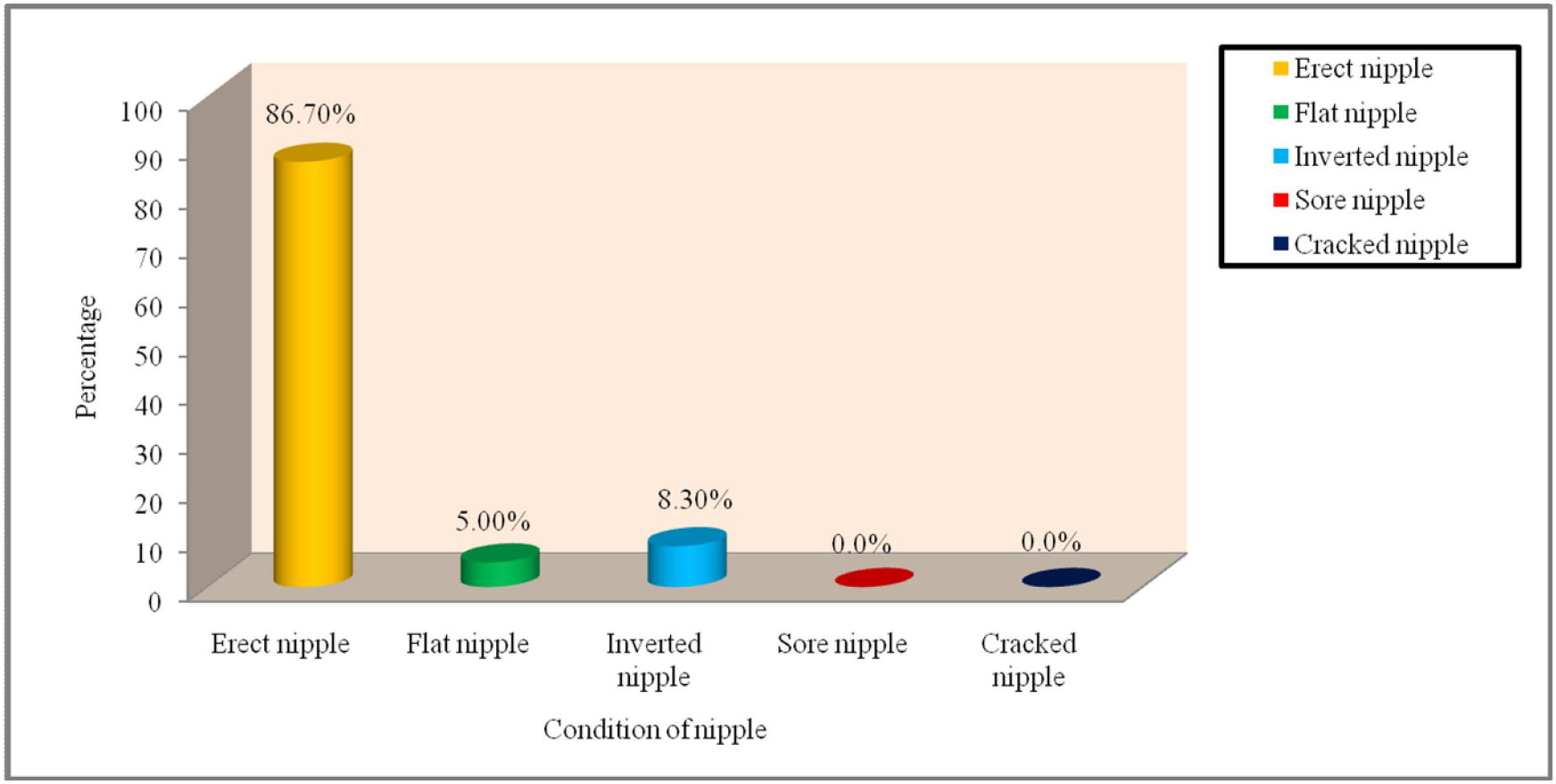

Fig. 10: Percentage distribution of condition of nipple among primipara mothers

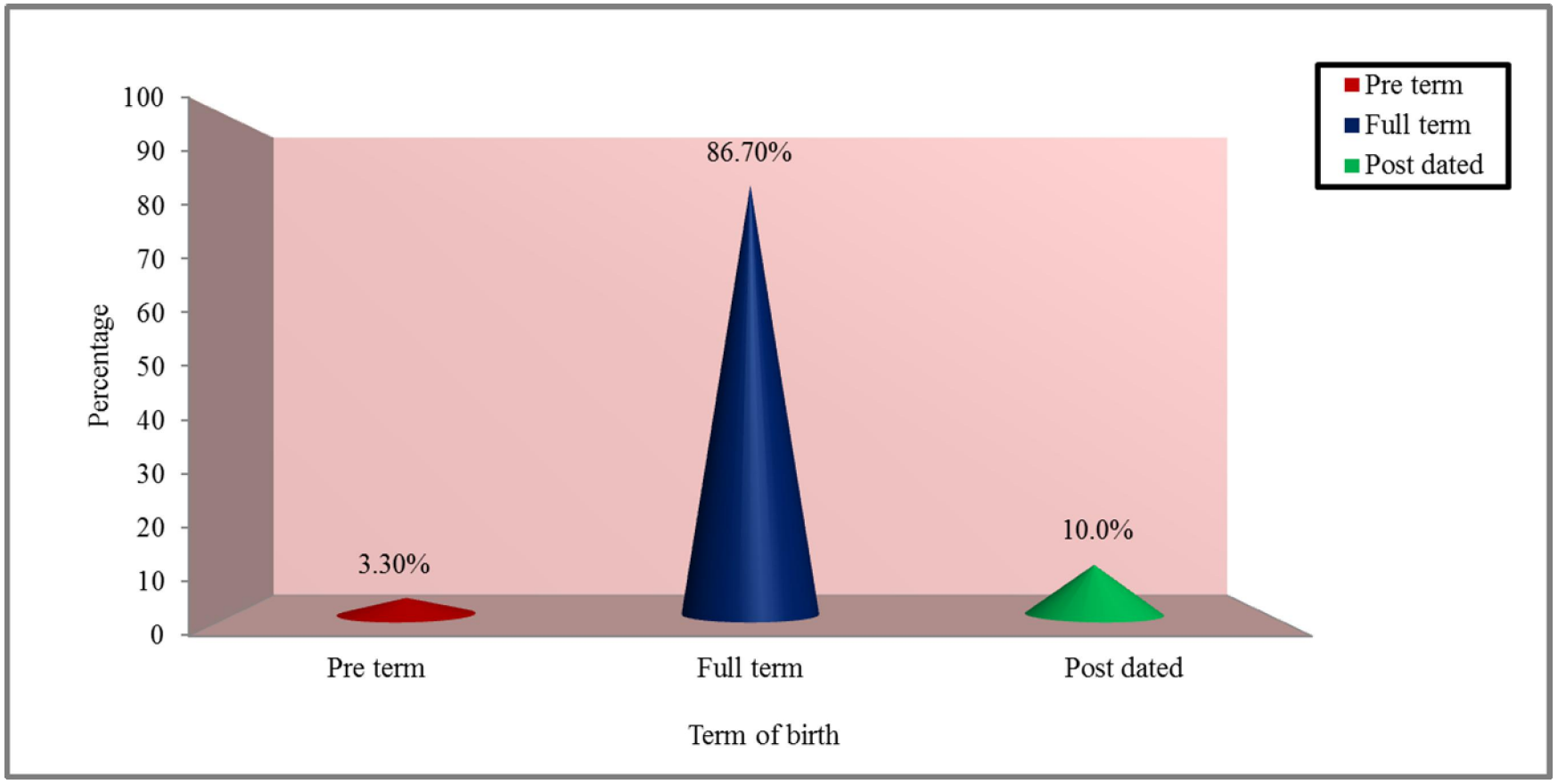

Fig. 11: Percentage distribution of term of birth among primipara mothers

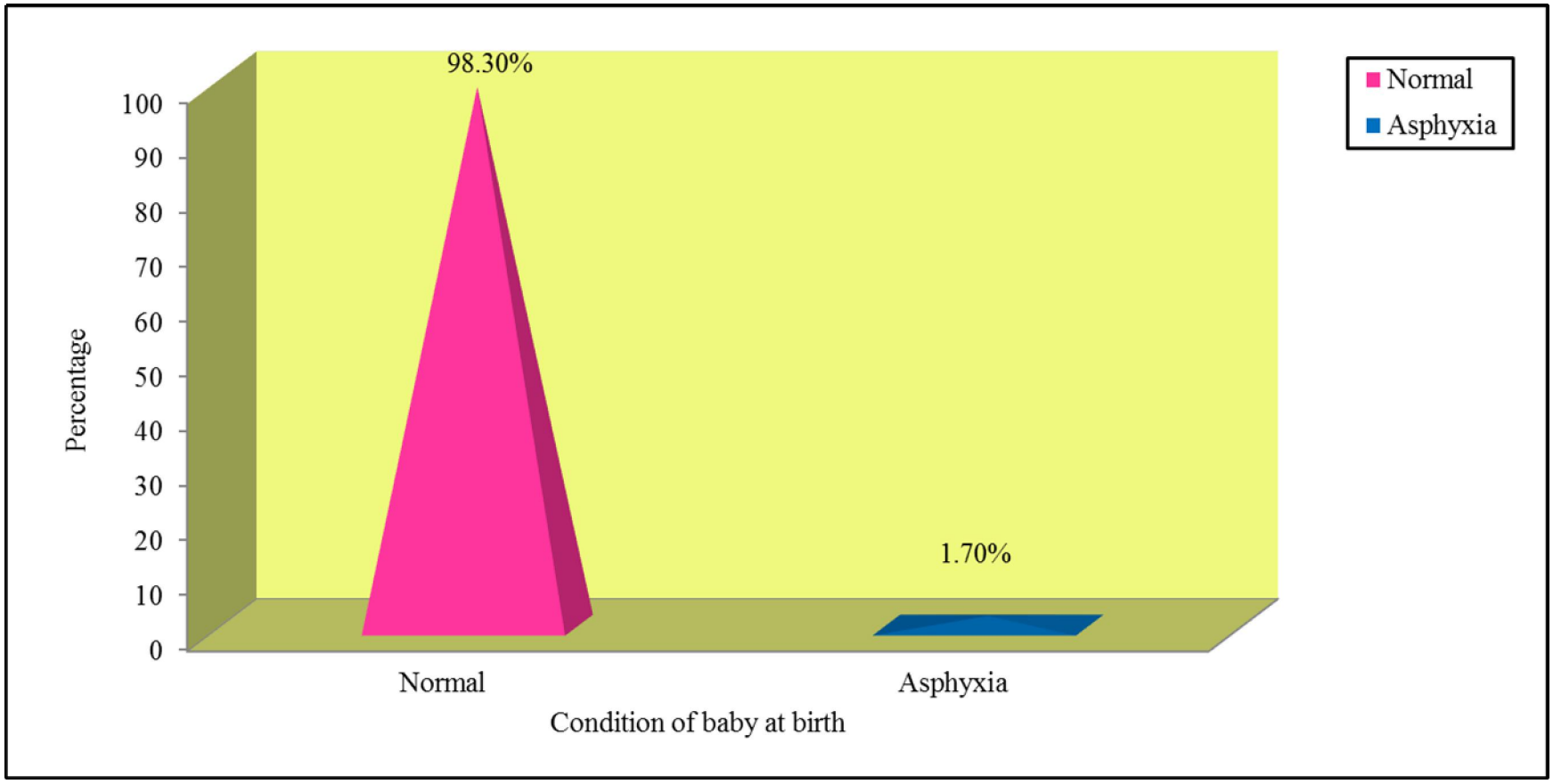

Fig. 12: Percentage distribution of condition of baby birth among primipara mothers

SECTION – B

Table 3: Frequency and percentage distribution of pretest level of knowledge regarding breast feeding among primipara mothers

N= 60

Level of knowledge	Frequency	Percentage
Inadequate	11	18.3
Moderately Adequate	44	73.3
Adequate	5	8.3

Table 3 represents the frequency and percentage distribution of pretest level of knowledge regarding breast feeding among primipara mothers. In pretest 11 (18.3%) mothers were having inadequate knowledge, 44 (73.3%) of them were having moderately adequate knowledge and only 5 (8.3%) of them were having adequate knowledge.

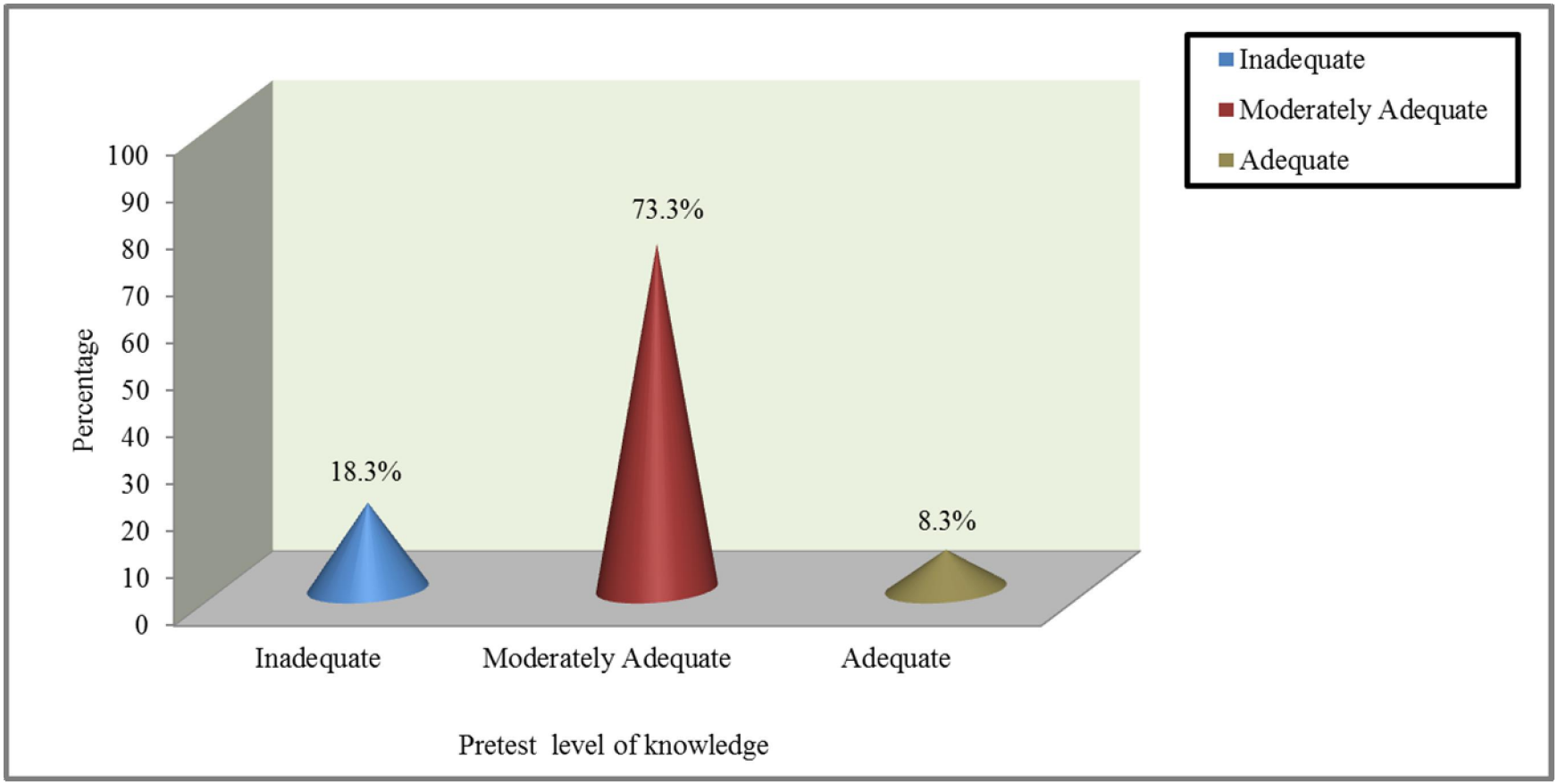

Fig. 13: Percentage distribution of pretest level of knowledge among primipara mothers

Table 4: Frequency and percentage distribution of pretest level of practice regarding breast feeding among primipara mothers.

N = 60

Level of practice	Frequency	Percentage
Poor	41	68.3
Average	19	31.7
Good	0	0.0

Table 4 represents the frequency distribution of pretest level of practice regarding breast feeding among primipara mothers. In general 41 (68.3%) mothers were having poor practice, 19 (31.7%) of them having average practice and none of them having good practice regarding breast feeding.

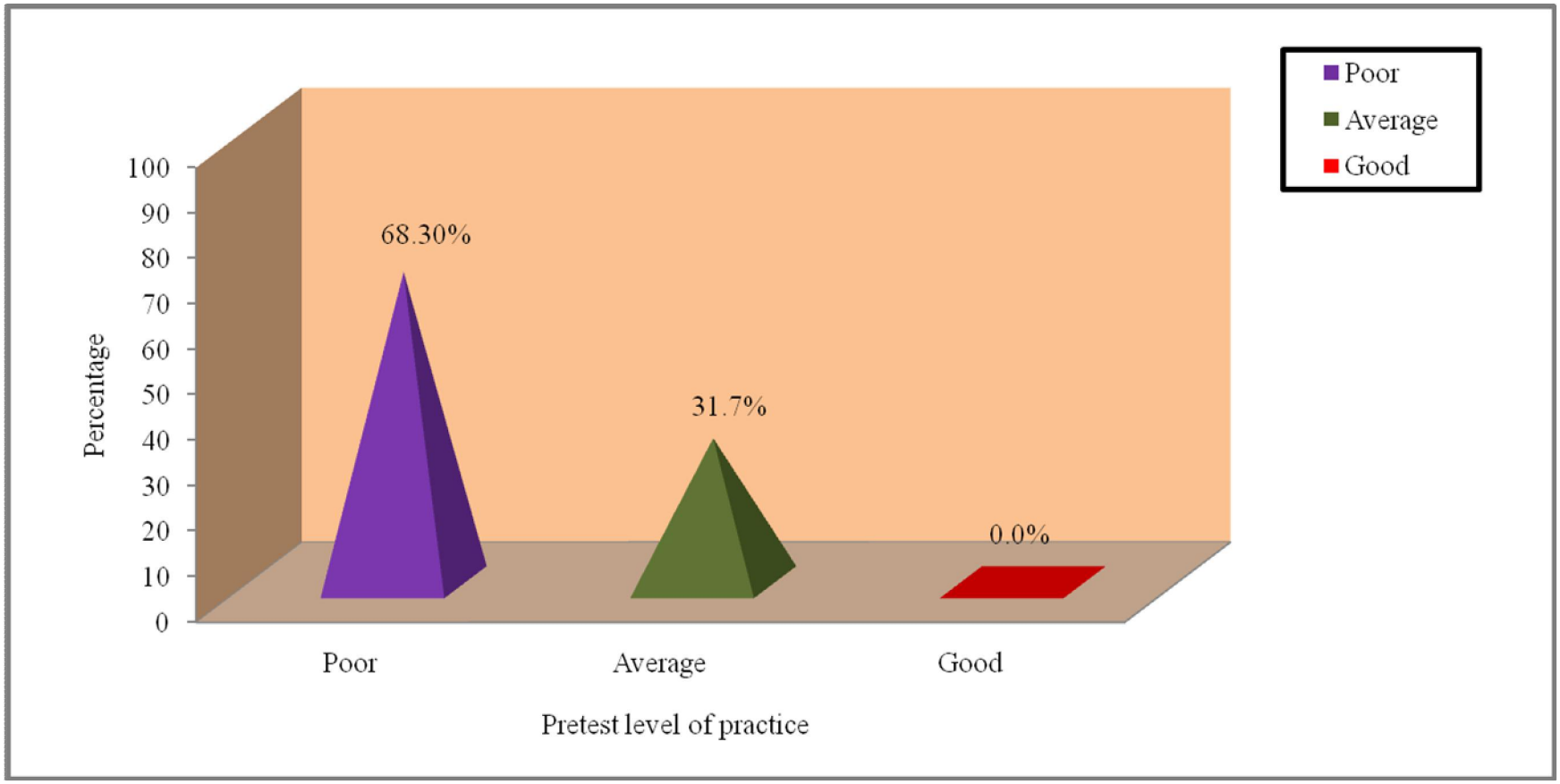

Fig. 14: Percentage distribution of pretest level of practice among primipara mothers

SECTION – C

Table 5: Frequency and percentage distribution of posttest level of knowledge regarding breast feeding among primipara mothers.

N = 60

Level of knowledge	Frequency	Percentage
Inadequate	0	0.0
Moderately Adequate	11	18.3
Adequate	49	81.7

Table 5 represents the frequency and percentage distribution of posttest level of knowledge regarding breast feeding among primipara mothers. In posttest none of the mothers were having inadequate knowledge, 11 (18.3%) of them were having moderately adequate knowledge and 49 (81.7%) of them were having adequate knowledge.

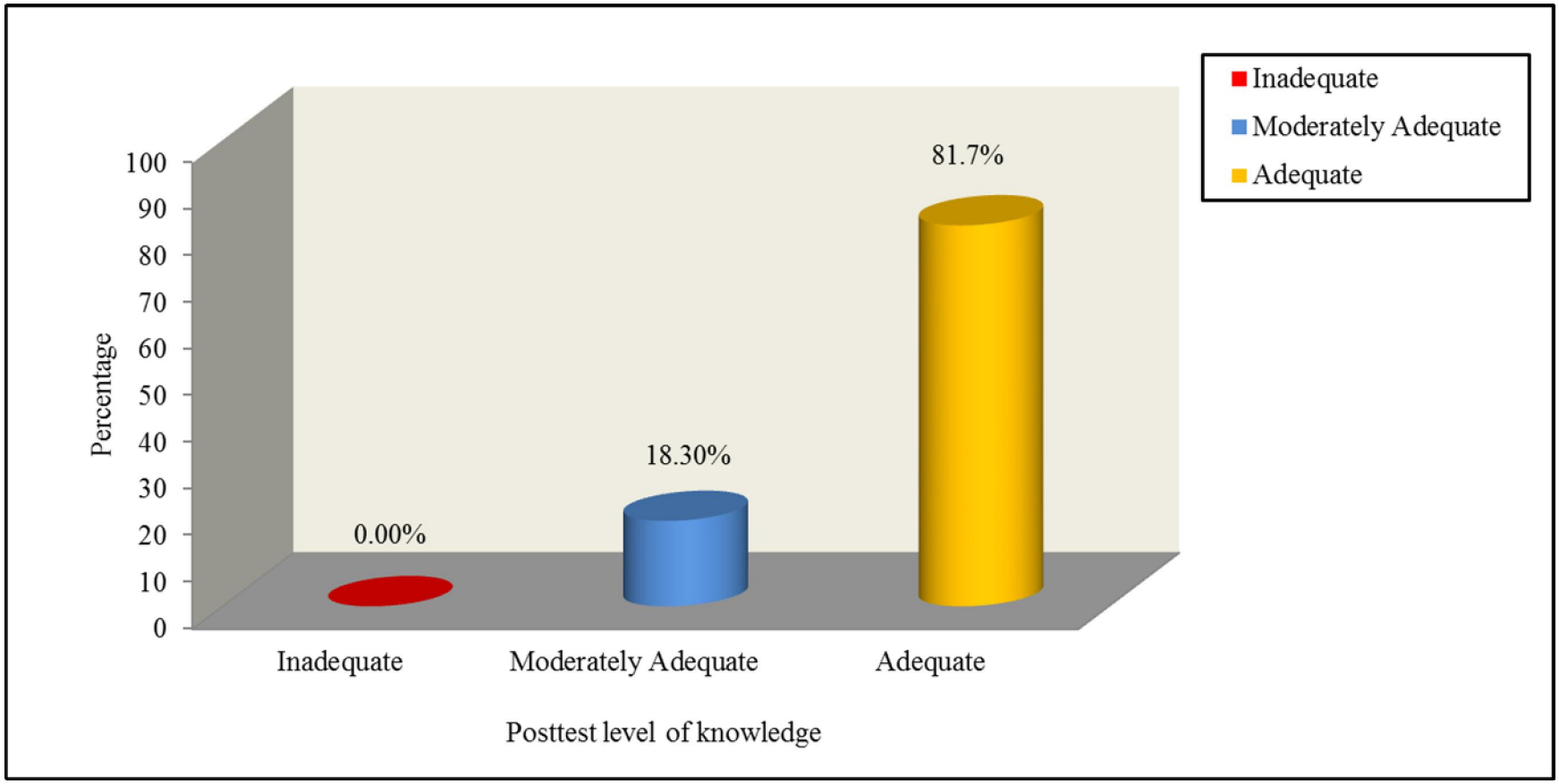

Fig. 15: Percentage distribution of posttest level of knowledge among primipara mothers

Table 6: Frequency and percentage distribution of posttest level of practice regarding breast feeding among primipara mothers.

N = 60

Level of practice	Frequency	Percentage
Poor	0	0.0
Average	8	13.3
Good	52	86.7

Table 6 represents the frequency and percentage distribution of posttest level of practice regarding breast feeding among primipara mothers. In general none of the mothers were having poor practice, 8 (13.3%) of them were having average practice and 52 (86.7%) of them were having good practice regarding breast feeding.

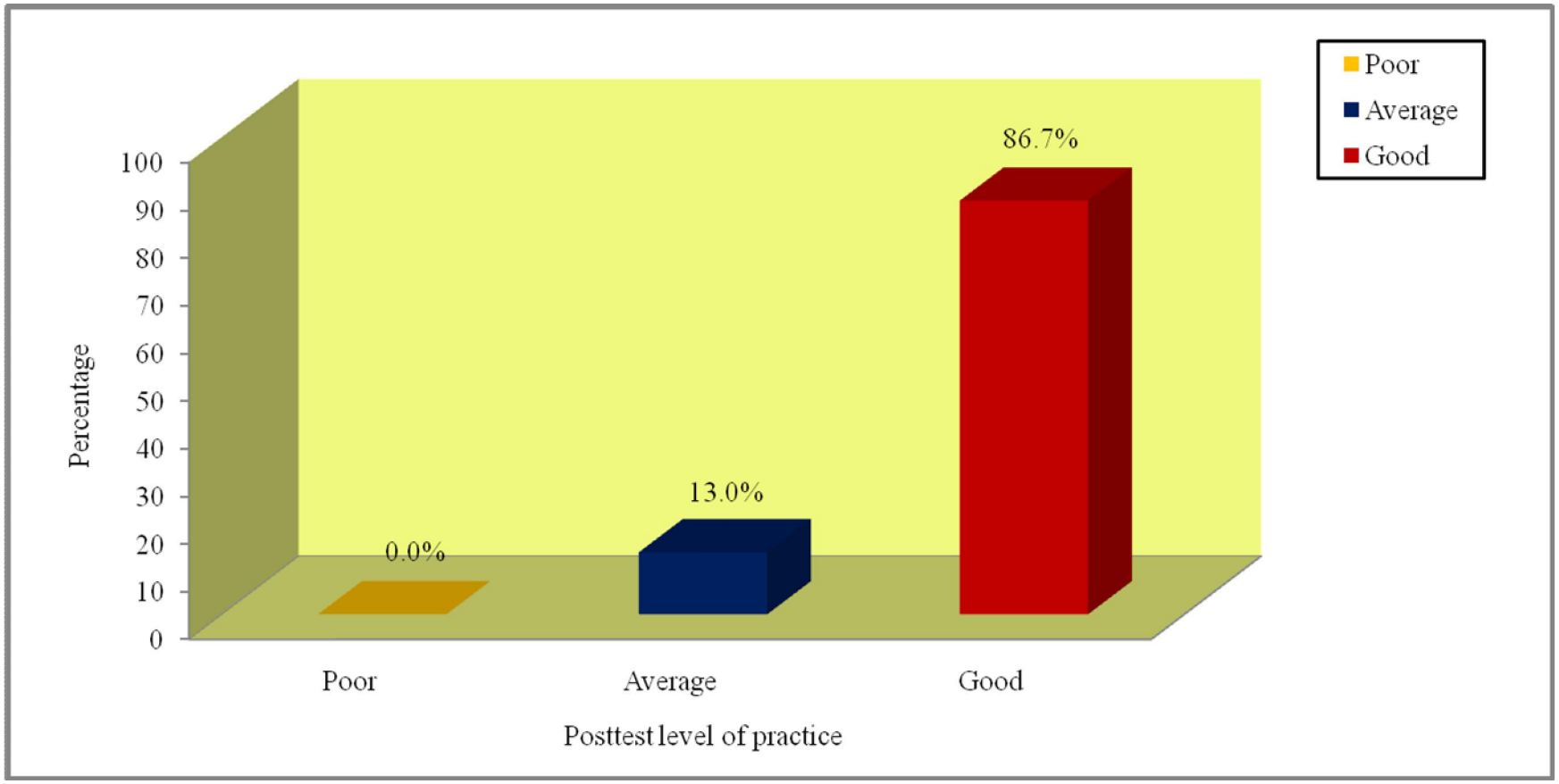

Fig. 16: Percentage distribution of posttest level of practice among primipara mothers

SECTION – D

Table 7: Comparison of frequency and percentage distribution of pretest and posttest level of knowledge regarding breast feeding among primipara mothers.

N = 60

Level of knowledge	Pretest		Posttest	
	Frequency	percentage	Frequency	Percentage
Inadequate	11	18.3	0	0.0
Moderately Adequate	44	73.3	11	18.3
Adequate	5	8.3	49	81.7

Table 7 represents the comparison between frequency and percentage distribution of pretest and posttest level of knowledge regarding breast feeding among primipara mothers. In pretest 11 (18.3%) mothers were having inadequate knowledge, 44 (73.3%) of them were having moderately adequate knowledge and 5 (8.3%) of them were having adequate knowledge. In posttest none of the mothers were having inadequate knowledge, 11 (18.3%) of them were having moderately adequate knowledge and 49 (81.7%) of them were having adequate knowledge. This shows the effectiveness of breast feeding training programme. This had increased the knowledge of primipara mothers regarding breast feeding.

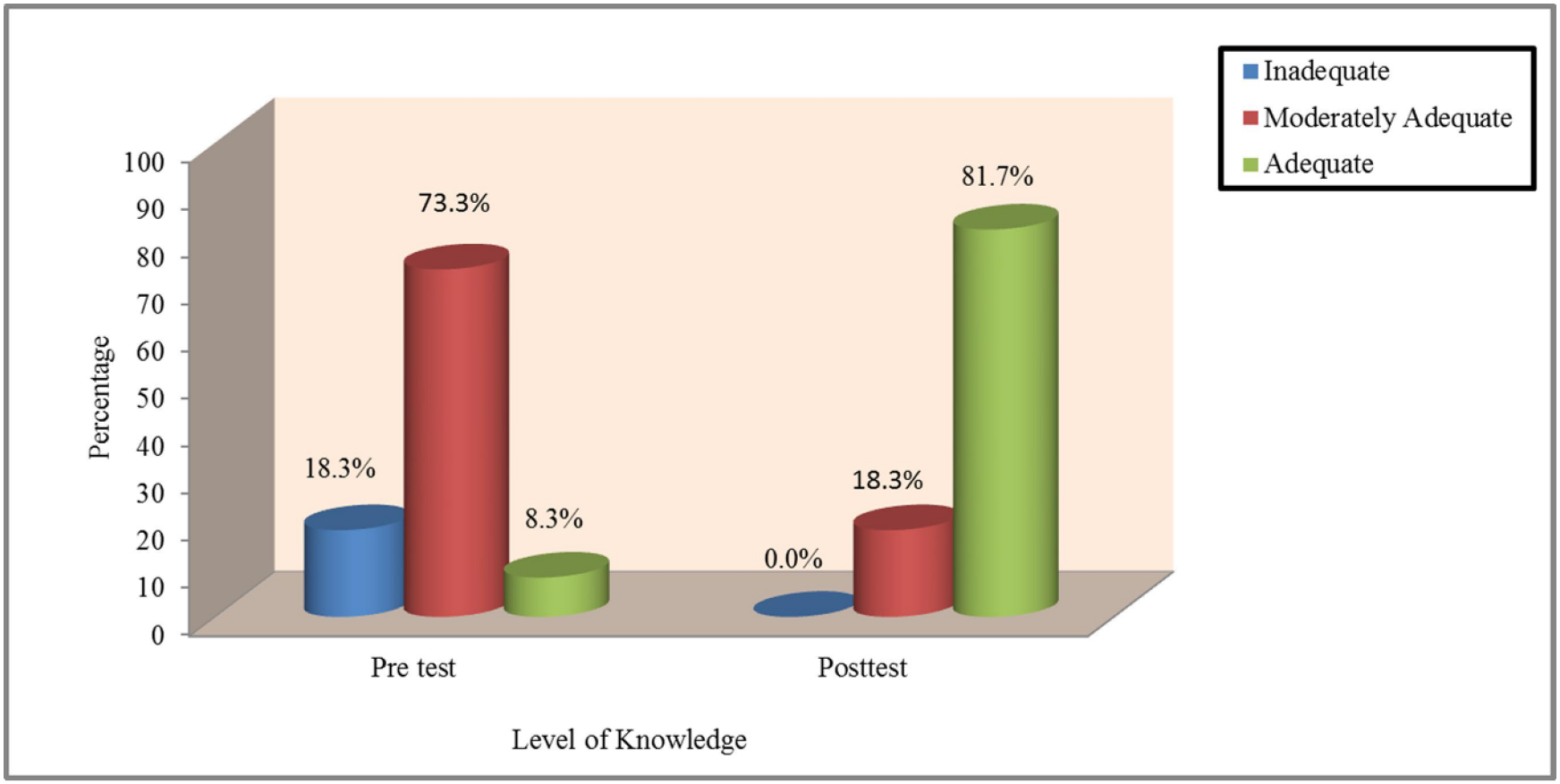

Fig. 17: Comparison of pretest and posttest level of knowledge among primipara mothers

Table 8: Comparison of frequency and percentage distribution of pretest and posttest level of practice regarding breast feeding among primipara mothers.

N = 60

Level of practice	Pretest		Post test	
	Frequency	**percentage**	**Frequency**	**Percentage**
Poor	41	68.3	0	0.0
Average	19	31.7	8	13.3
Good	0	0.0	52	86.7

Table 8 represents the comparison between frequency and percentage distribution of pretest and posttest level of practice regarding breast feeding among primipara mothers. In general 41 (68.3%) mothers were having poor practice, 19 (31.7%) of them having average practice and none of them were having good practice. In general none of mothers were having poor practice, 8 (13.3%) of them were having average practice and 52 (86.7%) of them were having good practice. This shows the effectiveness of breast feeding training programme. This had increased the practice of primipara mothers regarding breast feeding.

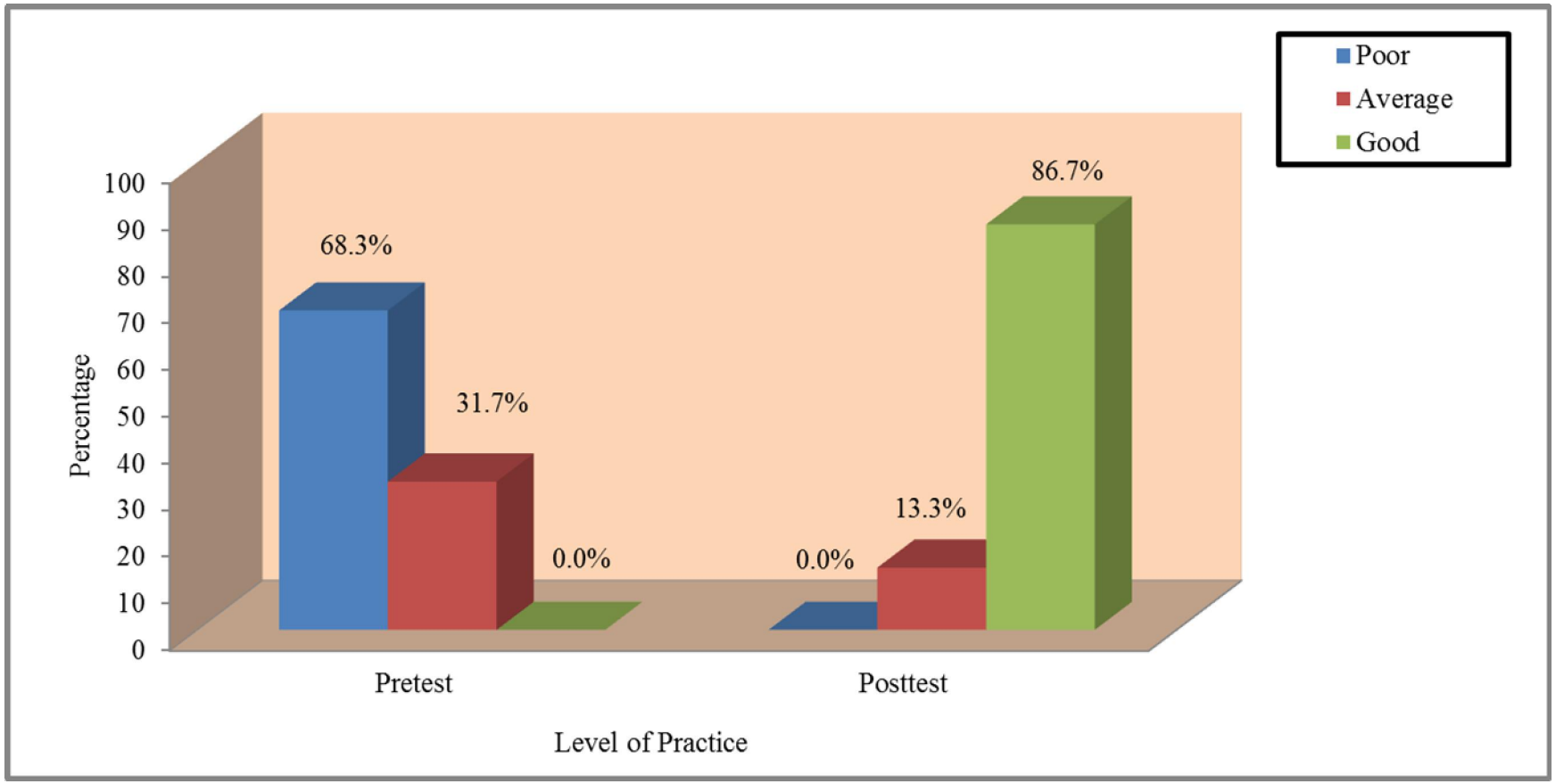

Fig. 18: Comparison of pretest and posttest level of practice among primipara mothers

SECTION – E

Table 9: Comparison of mean and standard deviation of pretest and posttest level of knowledge regarding breast feeding among primipara mothers.

N = 60

Level of knowledge	Mean	Standard deviation	Paired 't' value
Pretest	152.37	26.09	16.90***
Posttest	214.42	11.82	

***p<0.001

Table 9 depicts the comparison of mean and standard deviation between pretest and posttest level of knowledge regarding breast feeding among primipara mothers. Analysis reveals that the pretest level of knowledge mean score was 152.37 with the standard deviation of 26.09 and the posttest level of knowledge mean score was 214.42 with the standard deviation of 11.82. The paired't' test value was 16.90 at the level of p<0.001. The difference between pretest and posttest level of knowledge score is high and it is statistically very high significant.

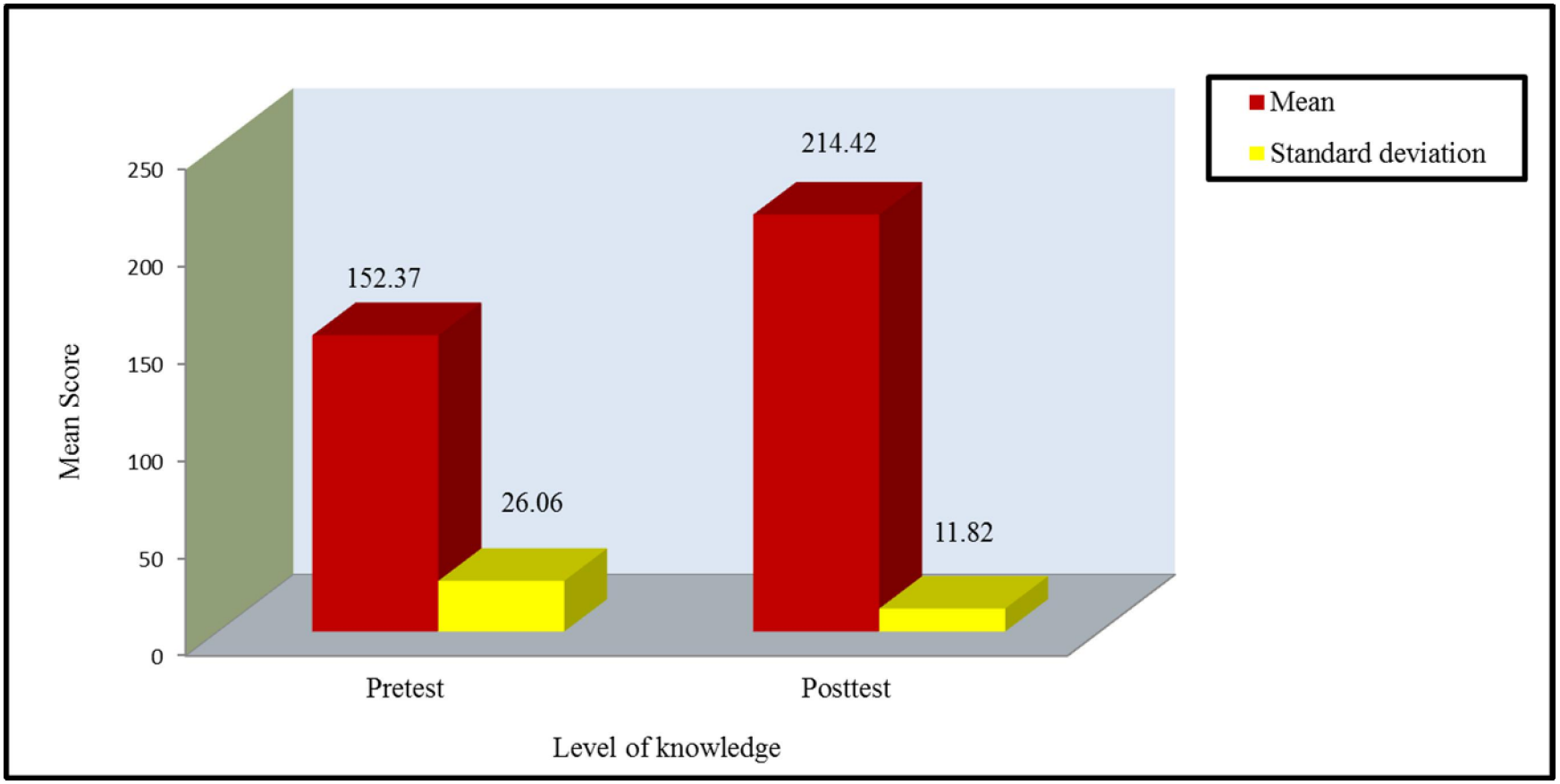

Fig. 19: Comparison of mean and standard deviation of pretest and posttest level of knowledge among primipara mothers.

Table 10: Comparison of mean and standard deviation of pretest and posttest level of practice regarding breast feeding among primipara mothers.

N = 60

Level of practice	Mean	Standard deviation	Paired 't' value
Pretest	7.32	1.75	16.90***
Posttest	12.60	1.96	

***p<0.001

Table 10 depicts the comparison of mean and standard deviation between pretest and posttest level of practice regarding breast feeding among primipara mothers. Analysis reveals that the pretest level of practice mean score was 7.32 with the standard deviation of 1.75 and the posttest level of practice mean score was 12.60 with the standard deviation of 1.96. The paired't' test value was 16.90 at the level of p<0.001. The difference between pretest and posttest level of practice score is high and it is statistically very high significant.

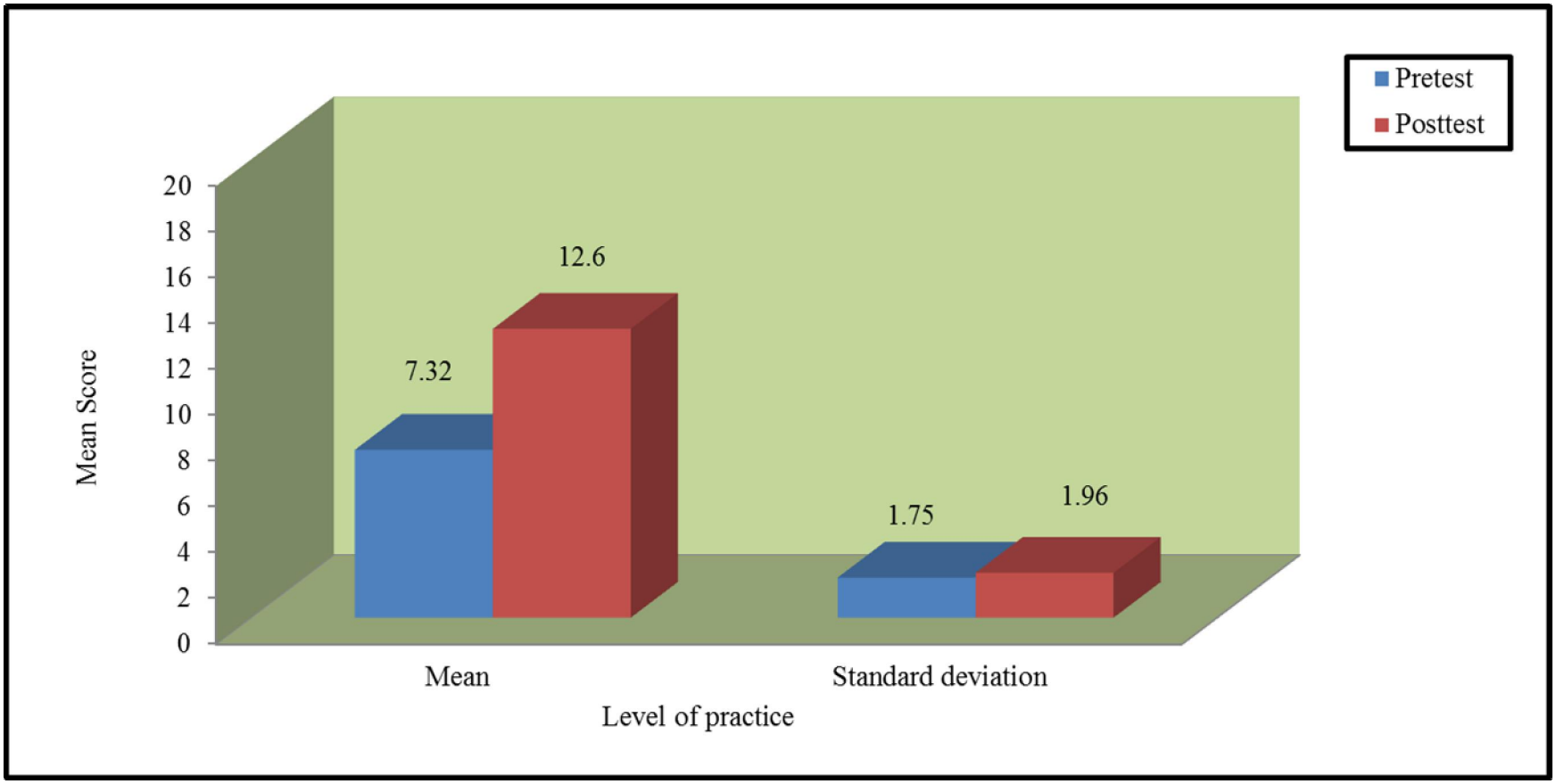

Fig. 20: Comparison of mean and standard deviation of pretest and posttest level of practice among primipara mothers.

SECTION – F

Table 11: Correlation between posttest level of knowledge and practice regarding breast feeding among primipara mothers.

N=60

Assessment	Mean score	Standard deviation	Karl Pearson Correlation Coefficient r
Knowledge	214.42	11.82	**r = 0.6 S*** **
Practice	12.60	1.96	

***p≤0.001

Table 11 depicts the correlation between pretest and post test level of knowledge and practice regarding breast feeding among primipara mothers. The correlation between posttest level of the mother's knowledge and practice regarding breast feeding were moderately correlated at level of p<0.001.

SECTION – G

Table 12: Association of pretest level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables.

N = 60

S.No	Demographic variables	Pretest level of knowledge						Chi Square χ^2
		Inadequate		Moderate		Adequate		
		n	%	n	%	n	%	
1	**Age**							χ^2=1.41 df=4 NS
	18 -20 yrs	1	25.0	3	75.0	0	0.0	
	21 -30 yrs	9	17.6	38	74.5	4	7.8	
	31 -35 yrs	1	20.0	3	60.0	1	20.0	
2	**Religion**							χ^2=7.05 df=4 NS
	Hindu	9	17.6	37	72.5	5	9.8	
	Christian	2	66.7	1	33.3	0	0.0	
	Muslim	0	0.0	6	100.0	0	0.0	
3	**Education**							χ^2=6.60 df=6 NS
	No formal education	2	50.0	2	50.0	0	0.0	
	Primary education	3	18.8	13	81.3	0	0.0	
	Higher educations	3	11.5	19	73.1	4	15.4	
	Graduate	3	21.4	10	71.4	1	7.1	
4	**Occupation**							χ^2=1.22 df=4 NS
	House wife	10	18.5	39	72.2	5	9.3	
	Business	0	0.0	2	100.0	0	0.0	
	Private	1	25.0	3	75.0	0	0.0	
5	**Family income**							χ^2=6.26 df=4 NS
	<Rs 2000	1	6.3	13	81.3	2	12.5	
	Rs 2001 - 5000	6	17.1	26	74.3	3	8.6	
	>Rs. 5000	4	44.4	5	55.6	0	0.0	
6	**Type of family**							χ^2=5.12 df=3 NS
	Joint family	6	20.7	23	79.3	0	0.0	
	Nuclear family	5	16.1	21	67.7	5	16.1	

NS – Non Significant

Table 12 shows the association between pretest on level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables. The analysis revealed that there was no association found between pretest level of knowledge with their demographic variables.

Table 13: Association of pretest level of knowledge regarding breast feeding among primipara mothers with their selected obstetrical variables.

N = 60

S.No	Obstetrical variables	Pretest level of knowledge						Chi Square χ^2
		Inadequate		Moderate		Adequate		
		n	%	n	%	n	%	
1	**Nature of delivery**							χ^2=2.09 df=3 NS
	Normal	9	22.5	27	67.5	4	10.0	
	LSCS	2	10.0	17	85.0	1	1.50	
2	**Condition of nipple**							χ^2=2.22 df=4 NS
	Erect Nipple	9	17.3	39	75.0	4	7.7	
	Flat nipple	0	0.0	3	100.0	0	0.0	
	Inverted nipple	2	40.0	2	40.0	1	20.0	
3	**Term of birth**							χ^2=8.95 df=4 NS
	Pre term	1	50.0	0	0.0	1	50.0	
	Full term	10	19.2	38	73.1	4	7.7	
	Post dated	0	0.0	6	100.0	0	0.0	
4	**Condition of baby at birth**							χ^2=4.53 df=3 NS
	Normal	10	16.9	44	74.6	5	8.5	
	Asphyxia	1	100.0	0	0.0	0	0.0	

NS – Non Significant

Table 13 shows the association between pretest on level of knowledge regarding breast feeding among primipara mothers with their selected obstetrical variables. The analysis revealed that there was no association found between pretest level of knowledge with their obstetrical variables.

SECTION – H

Table 14: Association of pretest level of practice regarding breast feeding among primipara mothers with their selected demographic variables.

N = 60

S.No	Demographic variables	Pretest level of practice				
		Poor		Average		Chi Square
		n	%	n	%	$\chi 2$
1	**Age**					
	18 -20 yrs	3	75.0	1	25.0	$\chi 2$=0.46
	21 -30 yrs	34	66.7	17	33.3	df=2
	31 -35 yrs	4	80.0	1	20.0	NS
2	**Religion**					
	Hindu	34	66.7	17	33.3	$\chi 2$=0.69
	Christian	2	66.7	1	33.3	df=2
	Muslim	5	83.3	1	16.7	NS
3	**Education**					
	No formal education	3	75.0	1	25.0	$\chi 2$=6.56
	Primary education	8	50.0	8	50.0	df=3
	Higher educations	22	84.6	4	15.4	NS
	Graduate	8	57.1	6	42.9	
4	**Occupation**					
	House wife	36	66.7	18	33.3	$\chi 2$=1.07
	Business	2	100.0	0	00.0	df=3
	Private	3	75.0	1	25.0	NS
5	**Family income**					
	<Rs 2000	9	56.3	7	43.8	$\chi 2$=2.23
	Rs 2001 – 5000	24	68.6	11	31.4	df=2
	>Rs. 5000	8	88.9	1	11.1	NS
6	**Type of family**					$\chi 2$=0.43
	Joint family	21	72.4	8	27.6	df=1
	Nuclear family	20	64.5	11	35.5	NS

NS –Non Significant

Table 14 shows the association between pretest on level of practice regarding breast feeding among primipara mothers with their selected demographic variables. The analysis revealed that there was no association found between pretest level of practice with their demographic variables.

Table 15: Association of pretest level of practice regarding breast feeding among primipara mothers with their selected obstetrical variables.

N= 60

S.No	Obstetrical variables	Pretest level of practice				Chi Square χ^2
		Poor		Average		
		n	%	n	%	
1	**Nature of delivery**					χ^2=3.58 df=1 NS
	Normal	32	80.0	8	20.0	
	LSCS	9	45.0	11	55.0	
2	**Condition of nipple**					χ^2=0.34 df=2 NS
	Erect Nipple	35	67.3	17	32.7	
	Flat nipple	2	66.7	1	33.3	
	Inverted nipple	4	80.0	1	20.0	
3	**Term of birth**					χ^2=4.24 df=2 NS
	Pre term	1	50.0	1	50.0	
	Full term	38	73.1	14	26.9	
	Post dated	2	33.3	4	66.7	
4	**Condition of baby at birth**					χ^2=0.47 df=1 NS
	Normal	40	67.8	19	32.2	
	Asphyxia	1	100.0	0	00.0	

NS – Non significant

Table 15 shows the association between pretest on level of practice regarding breast feeding among primipara mothers with their selected obstetrical variables. The analysis revealed that there was no association found between pretest levels of practice with their demographic variables.

SECTION – I

Table 16: Association of posttest level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables.

N = 60

S.No	Demographic variables	Pretest level of practice				Chi Square χ^2
		Moderate		Adequate		
		n	%	n	%	
1	**Age**					
	18 -20 yrs	3	75.0	1	25.0	**χ^2=9.93**
	21 -30 yrs	8	15.7	43	84.3	**df=2**
	31 -35 yrs	0	0.0	5	100.0	**S****
2	**Religion**					
	Hindu	8	15.7	43	84.3	χ^2=4.93
	Christian	2	66.7	1	33.3	df=2
	Muslim	1	16.7	5	83.3	NS
3	**Education**					
	No formal education	1	25.0	3	75.0	χ^2=5.05
	Primary education	5	31.3	11	68.8	df=3
	Higher educations	5	19.2	21	80.8	NS
	Graduate	0	0.0	14	100.0	
4	**Occupation**					
	House wife	10	18.5	44	81.5	χ^2=2.22
	Business	1	50.0	1	50.0	df=2
	Private	0	0.0	4	100.0	NS
5	**Family income**					
	<Rs 2000	5	31.3	11	68.8	χ^2=2.98
	Rs 2001 – 5000	4	11.4	31	88.6	df=2
	>Rs. 5000	2	22.2	7	77.8	NS
6	**Type of family**					**χ^2=6.04**
	Joint family	9	31.0	20	69.0	**df=1**
	Nuclear family	2	6.5	29	93.5	**S****

S- Statistically significant, NS- Non significant, **p<0.01

Table 16 shows the association of posttest on level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables. The chi square value of 9.93 showed that there was a high significant association between the age of the mothers and the chi square value of 6.04 showed there was high significant association between the type of family of the mother and the post test level of knowledge after conduction of training programme at the level of p<0.01.

Table 17: Association of posttest level of knowledge regarding breast feeding among primipara mothers with their selected obstetrical variables.

N = 60

S.No	Obstetrical variables	Posttest level of knowledge				Chi Square χ^2
		Moderate		Adequate		
		n	%	n	%	
1	**Nature of delivery**					**χ^2=10.40**
	Normal	11	27.5	29	72.5	**df=1**
	LSCS	0	0.0	20	100.0	**S*** **
2	**Condition of nipple**					
	Erect Nipple	8	15.4	44	84.6	χ^2=2.32
	Flat nipple	1	33.3	2	66.7	df=2
	Inverted nipple	2	40.0	3	60.0	NS
3	**Term of birth**					
	Pre term	0	0.0	2	100.0	χ^2=2.07
	Full term	11	21.2	41	78.8	df=2
	Post dated	0	0.0	6	100.0	NS
4	**Condition of baby at birth**					χ^2=0.68
	Normal	10	16.9	49	83.1	df=1
	Asphyxia	1	100.0	0	00.0	NS

S – Very high significant, NS- Non significant, ***p<0.001

Table 17 shows the association between posttest on level of knowledge regarding breast feeding among primipara mothers with their selected obstetrical variables. The chi square value of 10.40 showed that there was very high significant association between the nature of deliver of the LSCS mothers and posttest level of knowledge after the conduction of training programme at the level of p<0.001.

SECTION – J

Table 18: Association of posttest level of practice regarding breast feeding among primipara mothers with their selected demographic variables.

N = 60

S.No	Demographic variables	Posttest level of practice				Chi Square χ^2
		Average		Good		
		n	%	n	%	
1	**Age**					
	18 -20 yrs	3	75.0	1	25.0	**χ^2=14.48**
	21 -30 yrs	5	9.8	46	90.2	**df=2**
	31 -35 yrs	0	0.0	5	100.0	**S*** **
2	**Religion**					
	Hindu	6	11.8	45	88.2	χ^2=1.20
	Christian	1	33.3	2	66.7	df=2
	Muslim	1	16.7	5	83.3	NS
3	**Education**					
	No formal education	1	25.0	3	75.0	χ^2=2.03
	Primary education	1	6.3	15	93.8	df=3
	Higher educations	3	11.5	23	88.5	NS
	Graduate	3	21.4	11	78.6	
4	**Occupation**					
	House wife	7	13.0	47	87.0	χ^2=0.78
	Business	0	0.0	2	100.0	df=2
	Private	1	25.0	3	75.0	NS
5	**Family income**					
	<Rs 2000	0	0.0	16	100.0	χ^2=5.60
	Rs 2001 – 5000	5	14.3	30	85.7	df=2
	>Rs. 5000	3	33.3	6	66.7	NS
6	**Type of family**					
	Joint family	3	10.3	26	89.7	χ^2=0.43
	Nuclear family	5	16.1	26	83.9	df=1
						NS

S- Very highly significant, NS- Non significant, ***p<0.001

Table 18 shows the association between posttest on level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables. The chi square value of 14.48 showed that there was a very high significant association between the age of the mothers and posttest level of practice after conduction of training programme at the level of p<0.001.

Table 19: Association of posttest level of practice regarding breast feeding among primipara mothers with their selected obstetrical variables.

N = 60

S.No	Obstetrical variables	Posttest level of practice				Chi Square χ^2
		Average		Good		
		n	%	N	%	
1	**Nature of delivery**					**χ^2=7.28 df=1 S****
	Normal	8	20.0	32	80.0	
	LSCS	0	0.0	20	100.0	
2	**Condition of nipple**					**χ^2=8.19 df=2 S****
	Erect Nipple	5	9.6	47	90.4	
	Flat nipple	2	66.7	1	33.3	
	Inverted nipple	1	20.0	4	80.0	
3	**Term of birth**					χ^2=1.42 df=2 NS
	Pre term	0	0.0	2	100.0	
	Full term	8	15.4	44	84.6	
	Post dated	0	0.0	6	100.0	
4	**Condition of baby at birth**					χ^2=0.15 df=1 NS
	Normal	8	13.6	51	86.4	
	Asphyxia	0	0.0	1	100.0	

S-High Significant, NS – Non significant, **p<0.01

Table 19 shows the association between posttest on level of practice regarding breast feeding among primipara mothers with their selected obstetrical variables. The chi square value of 7.28 showed that there was high significant association between the nature of delivery of the mothers and the chi square value of 8.19 showed that there was high significant association between the condition of nipple of the mothers and posttest level of practice after the conduction of the training programme at the level of p<0.01.

CHAPTER V

DISCUSSION

This chapter describes the result with respect to the objectives of the study and also compares the similar study with the present study findings. Knowledge and practice regarding breast feeding is the first essential step for breast feeding. The findings of the study has provided an insight information about with breast feeding mothers in the study area, which could help in designing intervention and as a base for further wide scale studies in the other part of the country.

The study aimed to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit at, Chennai. The hypothesis formulated was there is a significant association between the breast feeding training programme and the level of knowledge and practice among primipara mothers. The review of literature included related researches which provide a strong foundation for the study including the basis for conceptual framework and formation of tool.

The conceptual framework of this study was developed based on model of Reva Rubin's maternal role attainment theory. This framework consists of three factors, tem, mesosystem, macrosystem and microsystem. The microsystem is based on the concepts of anticipatory state, formal stage, informal stage and personal stage. This involves interaction between the researcher and the primipara mother with breast feeding.

The study was conducted by adopting a pre experimental one group pretest posttest design. The study was carried out with 60 primipara mothers who fulfilled the inclusion criteria. Simple random sampling technique (Lottery Method) was used to select the primipara mothers. The investigator introduced herself to the mothers and explained the purpose of the study to ensure cooperation. Written informed consent was obtained from the primipara mothers.

Everyday 3 to 5 primipara mothers were selected by simple random sampling method (lottery method). On first day assessed on their level of the knowledge and practice of breast feeding was assessed using standardized tool. After conducting pretest, the planned training programme 30 to 45 minutes was given for primipara mothers by using various devices like flash cards, video clips, and demonstration with dummy doll. On 2nd day Mother to Mother Demonstration 15 to 20 minutes, as a group (3 to 5mothers). The investigator was conducting the posttest by using the same standardized tools, for primipara mother on the 3rd day.

The collected data was analyzed using descriptive and inferential statistics. The distribution of demographic variables of study showed the frequency and percentage distribution of demographic variables, revealed that majority of primipara mothers 51 (85.0%) were in the age group of 21-30 years, Regarding religion of primipara mothers, 51 (85.0%) belongs to Hindu religion, regarding the education of primipara mothers, 26 (43.3%) have completed their primary education, regarding occupation of the primipara mothers 54 (90.0%) were house wives. In accordance with the family income, 35 (58.3%) were Rs. 2001-5000, type of family 31 (51.7%) were from nuclear family. Regarding nature of delivery, 40 (66.7%) mothers were delivered normally. With regard to condition of nipple 52 (86.7%) were having erect nipple. Regarding term of birth 52 (86.7%) mothers delivered at full term birth. Considering the condition of baby at birth 59 (98.3%), were normal at the time of delivery.

The first objective was to assess the pretest level of knowledge and practice regarding breast feeding among primipara mothers.

In pretest level of knowledge regarding breast feeding among primipara mothers 11 (18.3%) were having inadequate knowledge 44 (73.3%) of them were having moderately adequate knowledge and only 5 (8.3%) of them were having adequate knowledge. Regarding practice 41 (68.3%) mothers were having poor practice, 19 (31.7%) of them having average practice and none of them having good practice regarding breast feeding.

The present study findings correlated with study of Bensalma. N., (2011) who assessed the knowledge, attitudes and practices of primiparous women with regarding to exclusive breast feeding and the use of formula milk at Tunisia. This study was conducted among 260 women from randomized selection. The result showed that about 85% mothers know the importance of breast feed. This study researcher concluded that the primiparaous women who were breast feeding had a poor knowledge attitudes and practices on the breast feeding and the use of formula milk.

And also present study findings are comparable with Escuder. N. M., (2012) who conducted cross sectional study to assess the knowledge of breast feeding among 590 primigravida mothers attending antenatal clinic at Krishna hospital, at Satara. The result showed that about 59.66% showed fair quality of knowledge about breast feeding 39.34% of mothers had good quality of knowledge about breast feeding, and none of them had poor quality of knowledge regarding breast feeding.

Similarly, the results of Lannitra S., (2009) who conducted the study to determine the breastfeeding knowledge, attitude and confidence levels among 123 pregnant women and 49 fathers. Scale was developed, and the data were collected at eight maternity healthcares in Finland. The result revealed there was the lack of knowledge and attitude and confidence level. This study concluded that the pregnant women had low level of knowledge regarding breast feeding among them.

The second objective was to assess the posttest level of knowledge and practice regarding breast feeding among primipara mothers.

In post test level of knowledge and practice regarding breast feeding among primipara mothers, none of them were having inadequate knowledge, 11 (18.3%) of them were having moderately adequate knowledge and 49 (81.7%) of them were having adequate knowledge. Regarding practice none of mothers are having poor practice, 8 (13.3%) of them having average practice and 52 (86.7%) of them having good practice regarding breast feeding.

The study findings are consistent with the results of Patricia. A., (2008) who conducted a randomized control study to evaluate the effectiveness of a breast feeding promotion program in the Women in United Kingdom. Purposive sampling technique was used to select the sample. The result showed that the antenatal women were having effective knowledge and practice attitude regarding breast feeding. The study concluded that the participation in the proposed breast feeding promotion program was effective in imparting the knowledge and practice regarding breast feeding.

The third objective was to evaluate the effectiveness of breast feeding training programme on level of knowledge and practice regarding breast feeding among primipara mothers.

The comparison of mean and standard deviation between pretest and posttest level of knowledge and practice regarding breast feeding among primipara mothers.. Analysis reveals that the pretest level of knowledge mean score was 152.37 with the standard deviation of 26.09 and the posttest level of knowledge mean score was 214.42 with the standard deviation of 11.82. The paired‘t’ test value was 16.90 at the level of $p<0.001$ which shows very high significant. .Regarding practice the analysis reveals that the pretest level of practice mean score was 7.32 with the standard deviation of 1.75 and the posttest level of practice mean score was 12.60 with the standard deviation of 1.96. The paired‘t’ test value was 16.90 at the level of $p<0.001$. The difference between pretest and posttest level of knowledge and practice score is high and it is statistically very high significant.

The study findings are consistent with the results of Salina. S., (2008) who conducted a pre experimental study to assess effectiveness of breast feeding on knowledge and practice among 60 breast feeding women at Andhra Pradesh. The result showed that about 75% of them gained adequate knowledge and practice by using planned teaching. The study concluded that programme was found effective in improving the knowledge including practice among breast feeding women.

The study findings are also correlated with the results of Catharina (2005) who conducted a comparative study between video assisted teaching programme

regarding breast feeding and structured teaching programme among 60 postnatal mothers at selected hospitals in Libya. The result showed that the video assisted teaching programme was 94.8% effective in improving knowledge and practice of breast feeding than the structured teaching programme.

The fourth objective was to determine the relationship between posttest level of knowledge and practice regarding breast feeding among primipara mothers.

Karl Pearson's correlation coefficient value of r = 0.6, at the level of $p<0.001$ which showed moderate correlation between posttest level of knowledge and practice regarding breast feeding among primipara mothers.

The study findings correlated with the study of Nelson, K., (2009) who conducted a study to assess the correlation between level of knowledge and practice regarding breast feeding among 60 postnatal mothers at community centre at Tanzania. The result showed that there was a significant correlation r value of 0.64 at $p< 0.001$ found between the levels of knowledge and practice regarding breast feeding among postnatal mother.

The fifth objective was to associate the pretest and posttest level of knowledge and practice regarding breast feeding with their selected demographic variables and obstetrical variables.

In the pretest there was no association found between level of knowledge and practice regarding breast feeding among primipara mothers with their demographic variables and obstetrical variables. The association of post test level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables. The chi square value of 9.93 showed that there was a high significant association between the age of the mothers and the chi square value of 6.04 showed there was high significant association between the type of family and the posttest level of knowledge after conduction of training programme at the level of $p<0.01$. The association between posttest level of knowledge regarding breast feeding among

primipara mothers with their selected obstetrical variables. The chi square value of 10.40 showed that there was very high significant association between the nature of deliver of the LSCS mothers and post test level of knowledge after the conduction of training programme at the level of $p<0.001$.

The association between posttest level of knowledge regarding breast feeding among primipara mothers with their selected demographic variables. The chi square value of 14.48 showed that there was a very high significant association between the age of the mothers and posttest level of practice after conduction of training programme at the level of $p<0.001$. The association between posttest on level of practice regarding breast feeding among primipara mothers with their selected obstetrical variables. The chi square value of 7.28 showed that there was high significant association between the nature of delivery and the chi square value of 8.19 showed that there was high significant association between the condition of nipple of the mothers and posttest level of practice after the conduction of the training programme at the level of $p<0.01$.

The study findings correlate with the study of Richardson. S. (2008) who conducted a study to assess the breast feeding knowledge and practice among postnatal mothers at University Hospital of the West Indies. The studies were carried with 85 mothers attending postnatal and well baby clinics were interviewed at six weeks postpartum regarding breast feeding. The researcher used randomized sampling techniques and standard questionnaire. The result showed that there was a significant association between the pre and posttest level of knowledge and practice with respect of their age and education.

The study findings concluded that the primipara mother with breast feeding mothers had more knowledge and practice after the training programme when compared with the pre test level of knowledge and practice. Hence the research hypothesis was accepted for the study and there was significant association found between the level of knowledge and practice regarding breast feeding among primipara mothers. So, the breast feeding training programme was an effective method to increase the level of knowledge and practice among primipara mothers.

CHAPTER VI

SUMMARY, CONCLUSION, NURSING IMPLICATIONS RECOMMENDATIONS AND LIMITATIONS

The heart of the research project lies in reporting the findings of the study. This is the most creative pat of the study. This chapter gives a brief account of the present study it consists of four sections. In the first two sections, the summary and the implications for nursing practice are presented. In the last two sections, the recommendations for further research and conclusion are presented. The present study was assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit at Chennai.

SUMMARY

World Health Organization promotes breast feeding as the best source of nourishment for infants and young children and one of the most effective ways to ensure child health and survival. Breast milk is safe and contains antibodies that help protect infants from common childhood illnesses. Breast milk is readily available and affordable. People who were breastfed as babies are less likely to be overweight or obese later in life. They may also be less prone to diabetes and perform better in intelligence tests. If every child in the world were breastfed, some 2, 20,000 lives could be saved each year. During post natal period if not breast feeding the newborn may undergo lots of minor and major disorders. Today one of the most important factor that contribute to neonatal mortality and morbidity is lack of knowledge and practice of breast feeding among primipara mothers is very important.

Nurses working in postnatal setting can help to ensure that women were well informed about the breast feeding and it’s important. So, the investigator under took the present study to assess the effectiveness of breast feeding training programme on

knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit at Chennai.

The objectives of the study were as follows

1. To assess the pretest level of knowledge and practice regarding breast feeding among primipara mothers.
2. To assess the posttest level of knowledge and practice regarding breast feeding among primipara mothers.
3. To evaluate the effectiveness of breast feeding training programme on level of knowledge and practice regarding breast feeding among primipara mothers.
4. To determine the relationship between posttest level of knowledge and practice regarding breast feeding among primipara mothers.
5. To associate the pretest and posttest level of knowledge and practice regarding breast feeding with their selected demographic variables and obstetrical variables.

The focus of the study was to evaluate the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers. The formulated hypothesis of this study was that there was a no significant association between the breast feeding training programme and the level of knowledge and practice among primipara mothers. Review of literature facilitated the investigator to collect the relevant information of facts to support the study, select the problem including the basis for conceptual frame work and formation of tool.

The conceptual frame work for this study was developed based on Reva Rubin’s maternal role attainment theory. The research design used in the study was pre experimental one group pretest and posttest design. The study was conducted in Saidapet Emergency Obstetric Care Unit at Chennai. It was carried out with

60 primipara mothers who fulfilled the inclusive criteria. Simple random sampling technique was used to select the sample.

A structured questionnaires and check list was given to the participants to assess the pretest level of knowledge and practice regarding breast feeding among primipara mothers. Every day about 3 to 5 primipara mothers with breast feeding were assessed on the level of knowledge and practice regarding breast feeding. A pretest was conducted to assess the existing knowledge and practice regarding breast feeding by using of standardized tool. After conducting pretest, the training programme was given for primipara mothers 30 to 45 minutes. On 2nd day Mother to Mother Demonstration 15 to 20 minutes, as a group (3 to 5mothers). The investigator was conducting the post test by using the same standardized tools, for primipara mother on the 3rd day.

The data collection was analyzed using descriptive and inferential statistics. The percentage distribution of demographic variables, revealed that majority 51 (85.0%)were in the age group of 21-30 years, regarding religion of primipara mothers, 51 (85.0%) belongs to Hindu religion, regarding the education of primipara mothers, 26 (43.3%) have completed their primary education, regarding occupation of the primipara mothers 54 (90.0%) were house wives. In accordance with the family income, 35 (58.3%), the type of family 31 (51.7%) were from nuclear family. Regarding nature of delivery, 40 (66.7%) mothers were delivered normally. With regard to condition of nipple 52 (86.7%) were having erect nipple. Regarding term of birth 52 (86.7%) mothers delivered at full term birth. Considering the condition of birth 59 (98.3%), were normal at the time of birth.

The analysis reveals that the pretest level of knowledge mean score was 152.37 with the standard deviation of 26.09 and the posttest level of knowledge mean score was 214.42 with the standard deviation of 11.82. The paired‘t’ test value was 16.90 at the level of $p<0.001$ which shows very high significant. Regarding breast feeding practice the analysis reveals that the pretest level of practice mean score was 7.32 with the standard deviation of 1.75 and the posttest level of practice mean score was 12.60 with the standard deviation of 1.96. The paired‘t’ test value

was 16.90 at the level of $p<0.001$. The difference between pretest and posttest level of knowledge and practice score is high and it is statistically very high significant.

The correlation between posttest level of knowledge and practice amongs primipara mothers were moderately correlated at the level of $p<0.001$. Hence it indicates the effectiveness of training programme regarding breast feeding among primipara mothers.

CNCLUSION

The role of the nurse is to educate the mother and to make the mother to breast feed her baby in post natal period. Through this training programme primipara mothers can learn and understand better information regarding breastfeeding and prevents the suffering of the newborn during postnatal periods. Therefore the investigator felt that, more importance should be given in educating and practicing the primipara mothers was effective improving the awareness regarding breast feeding.

Hence the investigator found that there was a significant difference in the level of knowledge and practice after giving training programme regarding breast feeding.

NURSING IMPLICATIONS

The present study emphasized, educated and practiced the mother regarding breast feeding among primipara mothers.

Nursing Practice

Nurses working in a postnatal ward can utilize techniques such as individual and group teaching and practicing to the primipara mothers with breast feeding. Training programme can be conducted for all primipara mothers. Nurse can participate in the breast feeding teaching and practice to the primipara mothers. It is

the important role of a nurse to render information through health education in simple ways to enhance the primipara mother's knowledge and practice.

Nurse in antenatal ward and postnatal ward and outpatient department setting should be instructed to assess the level of knowledge and practice regarding breast feeding. In service education can be conducted to all nurses to update their knowledge and practice regarding recent advancement techniques. In health, nurse can utilize the training programme for educating the primipara mothers with breast feeding and can reduce further complication of breast feeding.

Nursing Education

The student nurse should be encouraged to know about the importance of breast feeding to the mothers. The nurse educator should provide adequate clinical experience to the students to up lift their knowledge and practice regarding breast feeding. Each organization and educational institutions must provide efficient information regarding breast feeding and its importance for student reference. The nurse educator should encourage student nurses to bring out innovative and creative ideas pertaining to effective teaching and practice on breast feeding, which can encourage the student for the effective utilization of research based studies regarding breast feeding and prevention of complications of breast feeding.

Nursing Administration

The role of the nurse administrator is to have collaboration with medical departments to administer using interventions like educating and practicing the mothers regarding breast feeding. The nurse administrator should arrange for nurses awareness programme regarding breast feeding. Nurses are often responsible for the coordination of care throughout the continuum.

Nursing Research

Nursing research can promote more research in breast feeding training programme. As evidence from the review of literature more research needs to be

warranted on this discipline, the nurse researcher should disseminate the findings through conference, seminar, publication in professional, national and international journals which would signify the need for its inclusion in the curriculum and further researches.

RECOMMENDATIONS

- An information booklet can be prepared as a teaching and practicing aid in the hospital and health clinics
- A similar study can be replicated on large samples.
- A study needs to be carried out in the urban and rural areas to find out the difference in knowledge and practice.
- A study needs to be carried out for a long period of time duration to find out the effectiveness of the knowledge and practice to increases the importance of breast feeding.
- A study to be carried out on home care breastfeeding of mothers.

LIMITATIONS

- The researcher was unable to take larger samples for the study due to time constrains.
- During the period of study the investigator faced the difficulties of getting an attention from the mothers while teaching them and the study sample was small and sample were selected by purposive sampling method limiting the generalize ability.

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APPENDIX - A

PART – I

DEMOGRAPHIC VARIABLES

SAMPLE NO

1. Age in years
   (a) < 18 -20
   (b) 21 – 30
   (c) >31-35

2. Religion
   (a) Hindu
   (b) Christian
   (c) Muslim

3. Education
   (a) No formal education
   (b) Primary education
   (c) Higher educations
   (d) Graduate

4. Occupation
   (a) House wife
   (b) Business
   (c) Government
   (d) Private

5. Income of the family
   (a) <Rs 2000
   (b) Rs 2001 to Rs 5.000/-
   (c) >Rs 5.000/-

6. Type of the family
   (a) Joint family
   (b) Nuclear family

OBSTETRICAL VARIABLES

1. Nature of delivery
   (a) Normal spontaneous vaginal delivery
   (b) Instrumental delivery
   (c) LSCS

2. Condition of nipple
   (a) Erect Nipple
   (b) Flat nipple
   (c) Inverted nipple
   (d) Sore nipple
   (e) Cracked nipple

3. Term of birth
   (a) pre term
   (b) full term
   (c) post dated

4. Condition of baby at birth
   (a) Normal
   (b) Asphyxia

PART-II

A. BREAST FEEDING KNOWLEDGE QUESTIONNAIRE

S.No	Item	Strongly disagree 1	Disagree 2	Not sure 3	Agree 4	Strongly agree 5
	I.Advantages					
1	Breast feeding reduces the risk of lung infection among babies					
2	Breast feeding increase the baby's intelligence					
3	Baby who received breast feeding is less prone to get diarrhea					
4	Breast milk provides baby with more protection from allergy compared to formula milk					
5	Breast feeding causes good development of baby's teeth and gum					
6	Exclusive breast feeding is beneficial in spacing birth					
7	Frequent breast feeding may prevent breast engorgement					
8	Breast feeding may protect against osteoporosis					
	II. Effective feeding					
9	Colostrum is the mother's early milk, which is thick, sticky, and yellowish in colour					
10	Colostrum is difficult to digest and needs to be discarded					

11	Babies will gain weight if they receive effective feeding					
12	Correct positioning helps to achieve effective breast feeding					
13	Babies sleep well after they receive adequate breast feeding					
14	**III. Breast milk expression** Breast milk expression may be done every 3 hours					
15	Expressed breast milk may be stored for 24-38 hours in a freezer of 2door refrigerator					
16	It is necessary to express breast milk from one side of the breast only					
17	Expressed breast milk may be mixed with the previous expressed milk					
18	Expressed breast milk may be warmed on a fire					
19	**IV. Practical aspects of breast feeding** Breast feeding should be initiated within 30 minutes after delivery					
20	Breast feeding should be given on demand					
21	Baby should be allowed to breast feed for at least 10-20 minutes for each feeding					
22	Complementary feeding should be introduced at 6 months of age					

23	Exclusive breast feeding must be practiced until the infants is 6 months old					
24	Massage may reduce breast engorgement					
25	Babies who get enough feeding will pass urine more frequently					
26	Babies may also be given formula milk in the first 6 months of life					
	V. Problems with breast feeding					
27	Breast milk production is influenced by breast size					
28	Breast feeding must be discontinued if mother has cracked nipple					
29	Breast feeding must be discontinued if mother has breast engorgement					
30	Breast engorgement may be reduced with cold packs					

B.NEWBORN FEEDING ABILITY QUESTIONNAIRE

S.No	Item	Strongly disagree	Dis agree	Not sure	Agree	Strongly disagree
	I. Knowledge skin contact effects					
1	A mother is more likely to accept and feel warm toward her baby if skin to skin contact happens immediately after birth					
2	Separation of a newborn from the mother at birth can cause harmful stress to the baby					
3	Uninterrupted skin to skin contact immediately after birth is important for newborn breastfeeding performance					
4	Birth trauma may interfere with the proper coordination of an infant's natural suckling reflexes					
5	Interrupting skin to skin contact within 15-20 minutes of birth seriously disturbs the suckling reflexes for correct attachment					
6	Hours of continuous skin to skin contact can help a newborn baby learn to feed					
7	Skin to skin contact is important to prevent heat loss in newborn babies					
8	A newborn's heart rate is stability by skin to skin contact					
9	Skin to skin contact is important to help stabilize newborn breathing					
10	A newborn can instinctively find the nipple without help and attach correctly to the breast					
11	A normal full term infant is born with instinctive reflex ability to breastfeed effectively					

12	**II. Innate ability** Newborns will develop predictable, coordinated feeding behaviors within minutes of birth					
13	Newborns can instinctively find the nipple without help and attach correctly to the breast					
14	Newborns full term infant is born with instinctive reflex ability to breastfeed effectively					
15	New born will be guided to the nipple by their sense of smell.					
16	**III. Work practices** *****There is no time immediately after birth to allow uninterrupted skin to skin contact until the first breastfeed					
17	*Prevention of heat loss by wrapping the baby is higher priority than skin to skin contact to initiate feeding behaviours.					
18	*Most mothers want to be cleaned up immediately after birth rather than hold their baby					
19	**IV. Effective breastfeeding** Midwives and mothers know the baby is getting colostrum at the first breastfeed when they hear the baby swallow					
20	Midwives and mothers know the baby is getting colostrums at the first breastfeed when they see the baby swallow					

PART - III

MODIFIED (WHO) BREAST FEEDING OBSERVATIONAL FORM

S. No	Item	Yes	No
	I. Correct body position		
1	Mother relaxed and comfortable		
2	Mother sit straight and well supported back		
3	Trunk facing forward and lap flat		
4	Baby neck straight or bent slightly back and body straight		
5	Baby body turned toward mother		
6	Baby body close to mother body and facing breast		
7	Baby whole body support		
	II. Correctness of attachment		
1	Chin touching breast		
2	Mouth wide and open		
3	Lower lip turned outward		
4	More three or all the four criteria		
	III. Correctness of effective suckling		
1	Slow sucks		
2	Deep sucks		
3	Sometimes pausing		

gFjp I

jdpegh; Ratptuk;

1. taJ
   m. 18 tajpwFfo
   M. 19 – 30 taJ
   ,. 31 – 35 tajpwfFs

2. kjk
   m. ,eJ
   M. fpwp]jth
   ,. K]yk

3. fytp
   m. gbffhjth
   M. Mukgf fytp
   ,. Nkyepiyf fytp
   <. gljhup

4. njhopy
   m. ,yyjjurp
   M. Ranjhopy
   ,. muRNtiy
   <. jdpahh Ntiy

5. FLkgjjpd tUkhdk
   m. &.2000/-fFs
   M. &.2001 Kjy &.5000/-tiu
   ,. &.5000/- jjpwFNky

6. FLkgjjpd tif
   m. $lLf FLkgk
   M. jdpf FLkgk

kfg;NgWkhw;fs;

1. g;urtKiw
m.Rfgg;urtk
M.MAjg g;urtk
,.mWitr;f;rir

2. khhgff fhkg;d e;iy
m. edW
M. rkkhdkhhgffhkG
,.cs nrdWsskhhgffhkG
<. Gzzhf;Asskhhgffhkg
c. ntbgGsskhhgffhkG

3. g;urtt;tuk
m. Fiwkhjgg;urtk
M. KO khjg g;urtk
,.ehlfs Kbejg;wFg;urtk

4. g;wgg;d NghJFoeija;d e;iy
m. edW
M.Mf];[d FiwghL

gFj;–II

m. jhaghY}l;Lk; mwTnjhlhghdNfs;tpfs;

t.vz;	nghUs;	cWjpahf Vw;Wf; nfhs;s tpy;iy (1)	Vw;Wf; nfhs;s tpy;iy (2)	er;ra kpy;iy (3)	Vw;Wf; nfhs;fpNwd; (4)	cWjpahf Vw;Wf; nfhs;fpNwd; (5)
I. ed;ikfs;						
1	jhaghy FoeijfSfFVwgLk Eiuauy rkgejkhdNehafspd tpisTfisFiwffcjTfpwJ.					
2	FoeijfSfFghY}lLtjpdhy mwTjjpwd tshfpwJ.					
3	ahh Foeijjhagghy klLk Fbffpwnjhmjw Fta pwWg NghfFtUtJkpfTk FiwT.					
4	kwwghYld xggpLifapy jhagghy FbfFk Foeijf Fxtthik Nehapy pUeJghJ fhffggLfpwJ.					
5	jhaghY}lLtjpd tpisthfFoeijapd gwfs><Wfs eyytshrrpiamilfpdwd.					
6	jhagghy klLk nfhLggjpdhy gpurt ,ilntspNghdwedikfs czL.					
7	mbffbghy nfhLggjpdhy khhgfjjpy ghy flbf nfhstijjtpHffyhk.					
8	jha ghy nfhLggjpdhy vYkGrkgejkhdNehafs tuhky jtpHffyhk.					
II. ghY}l;Ltjpd; tpisTfs;						
9	jhaghypy rkgghy vdgJKjypy tUk mJflbahdJ>xlLk jdikAssJkwWk kQrs epwkhdJ.					
10	rkgghy [uzkhtJvdgJf~lkhdJ. mjid (fiyeJ) nfhlbtplNtzLk.					
11	edwhfghY}lLtjpdhy gadhfFoeijapd vilmjpfhpfFk.					

12	ruahde iya gh Y}l Ltj dhy edwhfghy nfhLffKbAk.					
13	NghJkhdmsTghy Fbjj Foeijfs eyyKiwa cwqFthhfs.					
III. jhagghy; ntsvLj;jy;						
14	khhgfjj y UeJjhagghy vLggJ %dWkz Neujj wFxUK iwvLffggl Ntz Lk.					
15	ntsa y vLjjghiymNefkhf 24 – 38 kz Neuk ,uzLfjTssFshrhjdg nglba y itffyhk.					
16	Njitvdwhy xUgffkhhgfjj y UeJklLk ghy vLffyhk.					
17	ntsvLjjghiyVwfdNtntsvLjJ ssghYld fyeJt lyhk.					
18	ntsvLjjg ghiyneUgg y itjJ #L gzzyhk.					
IV. ghY}l;Ltj;d; nray;Kiwt;sf;fk;						
19	jhagghy Foeijg gwejmiukz Neujj wFs (30 ek lk) nfhLffNtz Lk.					
20	Foeija d Njitawe Jjhagghy nfhLffgglNtz Lk.					
21	FoeijfFFiwejJ 10 Kjy 20 ek lk ,U gffKk ghy nfhLffmDkj ffNtz Lk.					
22	kwwczTtiffisClLk Kiwia 6 khjk Kjy mwKfggLjjNtz Lk.					
23	jhagghy klLk nfhLggij 6 khjk tiunrayKiwa y ,UffDk.					
24	jirga wr khhgfjj y ghy flLtijjt hff wJ.					
25	NghJkhdmsTghy FbfFk Foeijfs mbffbr Weh fo fFk.					
26	6 khjk Kjy Foeijf SfFCllrrjJczTfis nfhLffyhk.					
V. ghY}l;Ltj;dhy; tUk; gur;ridfs;						
27	ghy RuggJvdgJkhhgfmstidg nghUjJj					
28	jha d khhgfjj y ntbgGVwgllhy>ghY}lLtijjt hff Ntz Lk.					
29	jha d khhgfjj y ghy flbf nfhzL ,Uejhy ghy nfhLggijjt hffNtz Lk.					
30	Fshejxjjlk nfhLggj dhy ghy					

	flbf nfhstijFiwffyhk.					

M. gwejFoeijajd; ghY}l;Lk; jd;ikiag; gwwpaNfs;tpfs;

t.vz;	nghUs;	cWjpahf VwWf; nfhs;stpy;iy (1)	VwWf; nfhs;stpy;iy (2)	erq;rakpy;iy (3)	VwWf; nfhs;fpNwd; (4)	cWjpahf VwWf; nfhs;fpNwd; (5)
I. Njhy; njhlhgpd; tpisTfs;						
1	xUjha jd Foeijapd ntJntJgghdnjhLjiygwwpaijcz hjiyFoeijgwejTld tpUkgpVwWf nfhsfpwhs.					
2	gwejTld Foeijiajhaplk;UeJghpggJgfftpisTfisVwgLjJk.					
3	gwejFoeijfFvejgpurridAk ,yyhky NjhNyhLNjhy NrhjJghY}llNtzLk.					
4	FoeijfFgpurtjjpd NghJVwgLk fhaqfs ,awifahdghy FbfFk goffjjpy;UeJmNefnjhejuitVwgLj Jk.					
5	NjhNyhLNjhy NrheJnjhlhghdghY}lly vdgJ 10 Kjy 20 epkplk FoeijfFrhpahdnghUeJjiyFoeijghy FbfFk nghOJ (njhejuTjUk) juhJ.					
6	NjhNyhLNjhy NrhjJfnfhstJgykzpNeuk njhlhtjhy gwejFoeijghy Fbggijfwwf nfhsfpwJ.					
7	NjhNyhLNjhy NrhjJnfhstjpdhy> KffpakhfgwejfoeijfF #L FiwtijjtpfhfpwJ.					
8	NjhNyhLNjhy NrhjJnfhstjpdhy Foeijapd ,Ujaj JbgGruhdKiwapy ,UfFk.					

9	NjhNyhLNjhy Nrhj Jf nfhstjdhy Kffakhfg wejFoeijad Rthrk ruhdKiway ,Uffcj Tf wJ.					
10	gwejFoeijjhdhfNt>ahUilacjt Ak ,yyhky khhgfjijfzLru ahdKiway thaidnghUjjf nfhsSk.					
11	eiwkhjRfgg urtjjy gwejFoeijedwhfghy FbfFk jdikiangwWssJ.					
II. cs shdjdik						
12	gwejFoeijru ahdKiway xjJiogGld ghy FbfFk goffjijg wejr ye k ljjy UeJngWf wJ.					
13	gwejFoeijjha d khhgfjijvejcjt Ak ,yyhky ru ahdKiway khhgfjjy nghUjjf nfhsf wJ.					
14	eiwkhjg urtjjy gwejFoeijghy FbfFk jwDssjhfNt ,Uff wJ.					
15	gwejFoeijfFghy FbfFk khhgfjijmwaRthrc zhTcjTf wJ .					
III. nray KiwNtiy						
16	*gwejTld Foeijf FNjhNyhLNjhy NrhjJKjy y ghy nfhLggJNeuk ,yyhikahy jthffggLf wJ.					
17	*NjhNyhLNjhy Nrhj Jghy nfhLggijt lFoeija d #L Fiwtijjthffcldbahf Foeiji aJz ahy Rww itjjhy mjfedikiaj jUf wJ.					
18	*mNefjhakhhfs Foeijg wejTld Rjjk nrajg wFjhd Foeijiavl Lff whhfs.					
IV. ghY}l L jy d jdikfs.						
19	Kjd Kjy y Foeijjha lk rkgghy Fbggij Ak tOqFtjd rjjjij Ak jhakhhfs Nflfyhk.					
20	Kjd Kjy y Foeijjha lk rkgghy FbfFk nghOJ>jhakhhfs					

	Foeijt OqFtijghhffyhk.					

APPENDIX – B

CERTIFICATE OF ETHICAL CLEARANCE

MADHA COLLEGE OF NURSING
ETHICAL COMMITTEE

College Campus :
Madha nagar,
Somangalam road,
Kunrathur,
Chennai -69

Chairman of Committee:

Dr. S. Madan kumar. M.D., Dip. A & E
Director,
Madha Medical College & Research Institute,
Thandalam.

Members:

Dr. K. Gajendran. M.D., D.V.,
Principal,
Madha Medical College & Research Institute, Thandalam.

Dr. A. Dhanikachalam. M.S., Mch
Medical Superintendent,
Madha General Hospital,
Madha Medical College & Research Institute, Thandalam.

Dr. V. Vijai Krishna. M.P.T,
Principal,
Madha College of Physiotherapy,
Kunrathur

Dr. B.Tamilarasi, M.Sc (N), P.hD.,
Principal,
Madha College of Nursing, Kunrathur

Mrs. Grace Samuel, M.Sc (N),
Vice Principal,
Madha College of nursing, Kunrathur

Date : 15.03.2013

CERTIFICATE OF ETHICAL CLEARANCE

This is to certify that the research proposal, **"Effectiveness of breast feeding training Programme on knowledge and practice among primipara mothers in selected hospital at Chennai",** submitted by Ms. Ramadevi. M, student of I year M.Sc Nursing (Obstetrics & Gynaecological Nursing) is hereby approved and granted ethical clearance by the Ethical Committee of the institute.

This clearance is valid for the period of 2 years.

CHAIRMAN

APPENDIX – C

LIST OF EXPERTS FOR CONTENT VALIDITY

MRS. JEMIMA JAYA KUMARI, M.Sc.(N).,
HOD of OBG Nursing,
Meenakshi College of Nursing,
Chennai.

MRS. VASANTHI, M.Sc.(N).,
Principal,
HOD of OBG Nursing,
Shenbaga College of Nursing.
Chennai.

CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem **"A study to assess the effectiveness of breast feeding training Programme on knowledge and practice among primipara mothers in selected hospital at Chennai"** prepared by **Ms. Ramadevi. M, M.Sc (N) I year** student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of her dissertation at **Madha College of Nursing, Kunrathur, Chennai – 69** is found to be valid to the best of my knowledge.

P. Jemima Jayakumari

P. JEMIMA JAYAKUMARI.
ASSOCIATE PROF.
MEENAKSHI COLLEGE OF NURSING

MEENAKSHI COLLEGE OF NURSING
Chikkarayapuram, Near Mangadu, Chennai - 600 069.
TO SERVE IS DIVINE

CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem **"A study to assess the effectiveness of breast feeding training Programme on knowledge and practice among primipara mothers in selected hospital at Chennai"** prepared by **Ms. Ramadevi. M, M.Sc (N) I year** student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of her dissertation at **Madha College of Nursing, Kunrathur, Chennai – 69** is found to be valid to the best of my knowledge.

5/3/13

PRINCIPAL

SHENBAGHA COLLEGE OF NURSING,
CHENNAI - 600 077.

APPENDIX – D

PERMISSION LETTER

From

The Deputy Project Coordinator
District Family Welfare Bureau
Corporation of Chennai,
Chennai -3.

To

Ms. M.Ramadevi,
M.Sc (N), I Year
Madha College of Nursing,
Kundrathur , Chennai -69

F.W.MCH/Trg/F20/1259/2013. Date: 6.5.2013.

Madam,

Sub : F.W & MCH Programme – Training – Permission to undertake Research Study in Saidapet Emergency Obstetric Care Unit - By Ms. M.Ramadevi, M.Sc (N), I Year student of Madha College of Nursing from 06.05.13 to 06.06.13 -Permission requested – Reg.

Ref: Orders of the Deputy Commissioner (H) , Dated: 29.4.2013.

****

With reference cited above , permission is accorded to By Ms. M.Ramadevi, M.Sc (N), I Year student of Madha College of Nursing to conduct a study to assess the "Effectiveness of Breast Feeding training programme on knowledge and practice of among primipara mothers in selected hospital at Chennai " from 06.05.13 to 06.06.13 at Saidapet Emergency Obstetric Care Unit of District Family Welfare Bureau .

Ms. M.Ramadevi, M.Sc (N), I Year student of Madha College of Nursing is instructed to contact the Zonal Officer of Kodambakkam Zone for necessary arrangements and the copy of the report of study to be submitted to District Family Welfare Bureau after completion of study.

6/5/13

District Family Welfare
Medical Officer.

6/5

Deputy Project Coordinator.

6/5/13

APPENDIX – E

Letter seeking consent of the subjects for the participation in the research study

I am voluntarily willing to participate in the study conducted by Mrs. M. Ramadevi, on "A study to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit at Chennai". I will also co-operate with the researcher in providing necessary information. I was explained that the information provided would be kept in confidential and used only for above mentioned study purpose.

M. R

Signature of the investigator

I. Anandhalakshmi

Signature of the patient

Place : Saidapet

Date : 13.5.13

Place: Saidapet

Date : 13.5.13

APPENDIX – F

CERTIFICATE FOR ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation, "A study to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetrical Care Unit at Chennai," 2013-2014, prepared by Mrs. M. Ramadevi, M.sc(N)., student of Madha College of Nursing, Kundrathur, Chennai, for the dissertation edited for English language appropriateness.

Name: G.SEENUVASAN

Signature:

G.SEENUVASAN, M.A;M.A;B.Ed;M.Phil.
PG. TEACHER IN ENGLISH
ANGAVAI SANGAVAI
GOVT. GIRLS HR.SEC.SCHOOL,
TIRUKOILUR-605757.

CERTIFICATE FOR TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation, "A study to assess the effectiveness of breast feeding training programme on knowledge and practice among primipara mothers in Saidapet Emergency Obstetric Care Unit at Chennai," 2013-2014, prepared by Mrs. M. Ramadevi, M.sc.(N)., student of Madha College of Nursing, Kundrathur, Chennai, for the dissertation edited for Tamil language appropriateness.

Name: I. CHRISTHOPE

Signature:

இ.கிறிஸ்தோப், பி ஏ .எம் எட்.,
பட்டதாரி ஆசிரியர்-தமிழ
அரசு மகளிர் மேல்நிலைப்பள்ளி,
திருக்கோவிலூர்.

APPENDIX –G

SKELETAL PLAN

ON

BREAST FEEDING TRAINING PROGRAMME

MADHA COLLEGE OF NURSING

LESSON PLAN

COURSE	:	M.Sc. (NURSING)
PLACEMENT	:	I YEAR
SUBJECT	:	OBSTETRICS AND GYNECOLOGICAL NURSING
TOPIC	:	BREAST FEEDING TRAINING PROGRAMME
NAME OF THE PRESENTER	:	M. RAMADEVI
METHOD OF TEACHING	:	LECTURE CUM DISCUSSION AND DEMONSTRATION
A.V AIDS	:	FLASH CARDS, MOTHER TO MOTHER DEMONSTRATION, VIDEO CLIPS.

CENTRAL OBJECTIVE

At the end of the teaching primipara mothers will gain adequate knowledge regarding breast feeding, develop desirable attitude and demonstrate skill in breast feeding their newborn.

BEHAVIORAL OBJECTIVE

At the end of the session the primipara mothers will be able to

a. define the breast feeding
b. describe the advantages of breast milk
c. discuss the indicators of effective breast feeding
d. explain the guidelines of breast milk expression
e. enumerate the problems of breast feeding
f. appreciate the newborn feeding ability during breast feeding
g. demonstrate the appropriate breast feeding techniques

SKELETAL PLAN

S.No	Behavioral Objective	Content	Teaching activity	Learning activity	A.V. Aids
1	define breast feeding.	**DEFINITION OF BREAST FEEDING** Breast feeding is the "Gold standard" for infant feeding. Breast milk is an ideal food with easy digestion and low osmotic load protection against infection. Breast milk is a readily available food to the newborn at body temperature and without any cost.	Explaining	Listening	Flip chart
2	describe the advantages of breast milk.	**ADVANTAGES** Ideal 1compostionfor easy digestion with low osmotic load. **.**Protection against infection and deficiency states. . Breast milk is readily available, usually sterile and given to the baby directly at body temperature.	Explaining	Listening	Flip chart
3	discuss the indicators of effective breast feeding.	**INDICATORS** ❖ Audible swallowing heard during feeding. ❖ Breasts are full before a feeding and softer after a feeding. ❖ May notice let-down reflex during feeding.	Explaining	Listening	Flip chart

S.No	Behavioral Objective	Content	Teaching activity	Learning activity	A.V. Aids
4	explain the me guidelines of breast milk expression.	**GUIDELINES OF BREAST MILK EXPRESSION** Milk expression done between 15 minutes and 45 minutes to pump both breasts. Just pump for as long as your milk is flowing well. Change breasts when the flow slows down, and pump each breast twice. Good breast pumps try to mimic the sucking action of baby, stimulating milk to come in. Expressing shouldn't be painful.	Explaining	Listening	Flip chart
5	enumerate the problems of breast feeding.	**PROBLEMS OF BREAST FEEDING** ❖ 1.Breast engorgement ❖ 2.Sore and Damaged nipples ❖ 3. Cracked and Retracted nipples ❖ 4. Acute mastitis	Explaining	Listening	Flip chart

S.No	Behavioral Objective	Content	Teaching activity	Learning activity	A.V. Aids
6	appreciate the newborn feeding ability during breast feeding.	**NEWBORN FEEDING ABILITY DURING BREAST FEEDING** 1. Skin contact effect 2. Innate ability 3. Work practice 4. Effective breast feeding	Explaining	Listening	Flip chart
7	Demonstrate the appropriate breast feeding techniques.	**BREAST FEEDING TECHNIQUES** **1.** Position **2.** Attachment **3.** Suckling **4.** Burping	Explaining	Listening	Video clip & Demonstration

BREAST FEEDING TRAINING PROGRAMME

INTRODUCTION

Breast feeding is a learned skill for both mother and infant, requiring both time and patience Breast feeding positions and latching on are the most important parts of the entire nursing experience. It doesn't matter how prepared a woman was during her pregnancy. But the truth is babies are born with the instinct to latch-on and suckle. They might just need a little assistance with the positioning, which is where the mother's practice comes in.

Two of the most common assumptions are that the latch means everything, and that it doesn't matter what position the baby is in. Positioning is key to getting a perfect latch, which is essential for establishing proper milk transfer for the baby and keeping you comfortable at the same time. Taking this step by step will ensure the best start.

DEFINITION OF BREAST FEEDING

Breast feeding is the “Gold standard” for infant feeding. Breast milk is an ideal food with easy digestion and low osmotic load protection against infection. Breast milk is a readily available food to the newborn at body temperature and without any cost.

ADVANTAGE OF BREAST MILK

1. **Composition:** for easy digestion with low osmotic load.
    - **Fat:** is digested better when emulsified and the globules are smaller.
    - **Protein:** rich in lactalbumin and lactoglobin but less casein, is easily digestible.

- **Carbohydrate:** contains principally lactose which stimulates the growth of micro-organisms, helps to produce organic acids necessary for synthesis of vitamin B.
- **Minerals:** contents potassium, calcium, sodium and chloride are such as to make it a low osmotic load so that less burden falls on their functionally immature kidneys.

Composition of breast milk

- **Carbohydrate : (10-15g/kg/day)**
- **Fat : (4-6g/kg/day)**
- **Protein : (2-4g/kg/day)**
- **Minerals : low osmotic load.**

2. Protection against infection and deficiency states

- **A.** Its contains water soluble vitamin D which protects the baby against rickets.
- B. it confers passive immunity to the baby as the milk contains protective antibodies IgA.

3. Breast milk is readily available, usually sterile and given to the baby directly at body temperature.

4. It is more convenient, requiring no preparation and costs nothing.

5. Breast feeding acts as a natural contraception and is major demographic importance in the developing countries.

6. Additional advantages

- It has laxative action.
- No danger of allergy.
- Psychological benefits by establishing healthy mother child relationship.
- Chance of contraception is less during lactation period.

- Helps involution of uterus
- Lessens the incidence of sore buttocks, gastro-intestinal infection and atopic eczema.

INDICATORS OF EFFECTIVE BREAST FEEDING

Infant:

- Audible swallowing heard during feeding.
- Appears relaxed during feeding and satiated after feeding.
- Has an awake, alert, calm time between feedings.
- Nurses 8-12 times in a 24-hours period.
- Diapers are almost always wet and several stools per day after milk 'are in".
- Gains 20-30g a day after day 3-5 of life

Mother:

- Breasts are full before a feeding and softer after a feeding.
- May notice let down reflex during feeding.

Slight discomfort may be felt for the first few days while nursing. The mother is required to maintain a healthy diet. The mother should be advised to visit the care giver, if she notices any changes in the feeding pattern of the baby or if she feels that the baby is not getting enough milk.

BREAST MILK EXPRESSION

Expressing the breast should not be a part of the normal management of lactation. The balance between the volume of milk produced and the requirements of the baby, which result from correct, feeding, prevents the occurrence of problems that would require artificial removal of milk. The situations where expressing is necessary result from the absence of a baby feeding at the breast. Manual expression of milk and expressing with a breast pump.

Milk expression done between 15- 45 minutes, just pump for as long as your milk is flowing well. Change breasts when the flow slows down, and pump each

breast twice. Good breast pumps try to mimic the sucking action of baby, stimulating milk to come in. Expressing shouldn't be painful.

Freshly expressed milk can be stored for

- Up to five days in the main part of a fridge, at 4 degrees C or lower
- Up to two weeks in the freezer compartment of a fridge
- Up to six months in a freezer, at minus 18 degrees C or lower.

Freezing milk destroys some of its antibodies. Antibodies are chemicals our bodies make to fight infections. So it's best not to freeze.

Frozen milk in any of the following ways

- Place the bottle or bag in a bowl of warm water
- Run it under warm tap water
- Defrost it in the fridge overnight

PROBLEMS OF BREAST FEEDING

1. Breast engorgement

- ❖ Engorgement refers to swelling within the breast tissue, which can be painful. In some women with engorgement, the breasts become firm, flushed, warm to the touch, and feel as if they are throbbing. Some women develop a slight fever (e.g., less than 101ºF or 38.3ºC).
- ❖ The best treatment for engorgement is to empty the breasts frequently and completely by breast feeding.
- ❖ If the breasts are engorged, expressing milk by hand or breast pump can help to soften the areola and allow the baby to latch on more easily.
- ❖ Hand expression of milk between feedings may be necessary to avoid engorgement.

2. **Sore and damaged nipples**

- ❖ Normal" nipple soreness occurs for the first 30 to 60 seconds of breastfeeding, but then improves.
- ❖ In particular, assessment of infant positioning and latch-on with correction of improper technique should be performed.
- ❖ Nipple ointment: A topical ointment may be recommended for treatment of sore nipples. One combination treatment includes a mixture of an antibiotic ointment, steroid ointment, and antifungal powder, known as "All Purpose Nipple Ointment" (APNO). This combination requires a prescription and can be specially made by a pharmacy. A thin layer of the ointment is applied to the nipples after feeding.

3. **Cracked and retracted nipple**

- ❖ The nipple may become painful due to loss of surface epithelium with the formation of a raw area on the nipple. Due to a fissure situated either at the tip or the base of the nipple.
- ❖ Treatment : Correct attachment will provide immediate relief from the pain and rapid healing. Fresh human milk saliva has got healing properties. Purified lanonin with the mother’s milk is applied 3 or 4 times a day to hasten healing.

4. **Acute mastitis**

- ❖ Mastitis is inflammation of the breast, and is thought to be caused by infection. It typically causes a hard, red, tender, swollen area of one breast, and fever >101ºF (38.3ºC). Other symptoms include muscle aches, chills, and feeling ill.

- ❖ Mastitis treatment is includes continued nursing and a medication for pain control (eg, ibuprofen). If symptoms do not resolve promptly, an antibiotic course is generally given for 10 to 14 days. Breast massage during nursing or pumping afterwards may help to reduce discomfort. Stopping breast feeding is not recommended during mastitis treatment; consult with a healthcare provider if you are concerned. There is little to no risk of passing the infection to the infant as a result of breast feeding during an episode of mastitis.

NEWBORN FEEDING ABILITY DURING BREAST FEEDING

Skin contact effect

- Skin contact between a mother and her newborn baby immediately after delivery reduces crying, improves mother to infant interaction, keeps baby warm, and allows mothers to breast feed more successfully.

- When a naked baby (not swaddled in a blanket) is allowed to nestle against mom's bare chest, her temperature, heart rate, and breathing rate are more stable and more normalized. These babies also have lower levels of stress hormones, so they are happier. In addition, skin to skin contact immediately after birth exposes the newborn baby to the normal bacteria on mom's skin, which may prevent the baby from getting sick.

- The benefits of skin to skin contact last beyond the first hour after birth. The longer that a mother and her newborn baby are skin to skin in the hours and days following delivery, the greater the baby benefits.

- Another reason skin to skin contact immediately after birth it's easier for bond with baby. In women who hold their baby skin to skin have more confidence in their parenting skills, and they usually recognize and respond to their infant's needs sooner than mother show are separated from baby following delivery.

Innate ability

- Immediately after birth newborn babies will develop the predictable, coordinated feeding behavior. Baby will find the nipple and attach correctly to the breast with sense of smell. Baby has instinctive reflex ability to breast feed.

Work practice:

- Immediately after birth cleaned and handed over to the mother for skin to skin contact. It is high priority to initiate feeding behaviors' than wrapping the baby for the purposes of prevention of heat loss. Importance should be given to hold the baby near the mother than the cleaning of the mother.

Effective breast feeding

- Effective breast feeding can be identified by the mothers as the baby swallows the breast milk. She can hear and see the baby is swallowing breast milk. The effective breast feeding will promote the weight gain of the babies, correct positioning achieve the effective feeding, and babies sleep well after the adequate breast feeding.

BREAST FEEDING TECHNIQUES

1. **Cradle holds (tummy to tummy)** Sit as straight as possible with a pillow behind or sit on the edge of the bed.

- Cradle baby in arm, her tummy against and her head resting in the bend of elbow. Her ear, shoulders and hip should be in a straight line.
- Tuck the baby's lower arm out of the way, with her mouth close to the breast.
- Support the breast with free hand; place all of fingers underneath it, well away from the areola.
- Rest of thumb lightly on top of breast above the areola.
- Lift a breast upward and lightly stroke the nipple on baby's lower lip. As part of the rooting reflex, her mouth will open wide.
- Pull her quickly onto the breast to latch-on when her mouth is opened wide, like a big yawn, and her tongue is down. Do not lean over the baby; keep your back straight, and pull the baby up to breast.

2. Cross cradle hold

Follow the steps for cradle hold. Instead, cradle the baby with arm, her tummy against the hand behind her head. Her ear, shoulders and hips should be in a straight line.

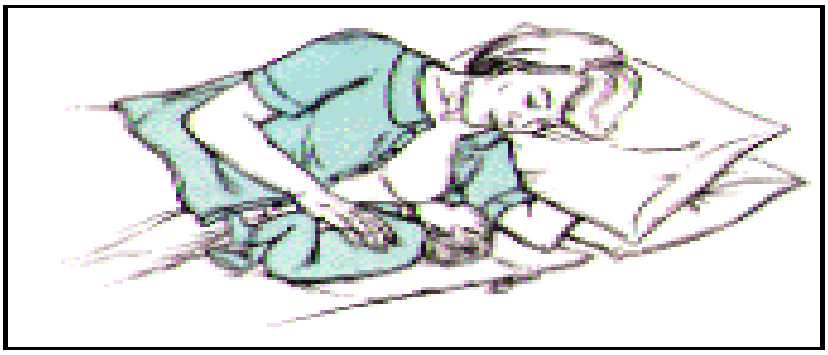
3. Football hold

1. Position the baby so her legs and body are under your arm, with your hand holding her head (as if we were holding a football).
2. Place the fingers below of breast. Allow the baby to latch-on while pulling her in close, holding her head tightly against the breast.
3. Keep the baby's body flexed at the hip with her legs tucked under the arm.

The football hold is a good position when

- Mother had a caesarean birth and wants to avoid placing the baby against her abdominal incision.
- Mother needs more visibility in getting your baby to latch on.
- Mother breasts are large.
- Mother is nursing a small baby, especially if premature.
- The baby tends to slide down mother areola onto her nipple.
- If baby is fussy, restless and hard to latch-on.
- Baby is sleepy. Sitting upright may encourage her to remain alert for a longer period.
- Mother has inverted nipples.

4. side-lying position

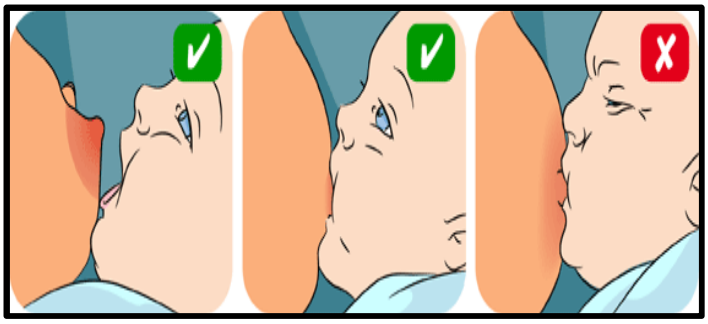


- First, position of mother and baby on mothers sides tummy to tummy
- Bend top leg and position with pillows.
- Place the fingers beneath mother breast and lift upward, and then pull your baby in close as she latches-on.

- The side lying position is an especially good choice for breastfeeding when:
  Mother must be flat after a caesarean birth with spinal anesthesia

Attachment

At the beginning of a feed, the baby will take long, well-drawn sucks, then swallow, and pause. When the baby sucks, the nipple and surrounding breast tissue are drawn into a teat (essentially, an elongated nipple) by suction created by the baby's mouth. The teat extends back as far as the hard and soft palates. The base of the nipple is held between the upper gums and the tongue which covers the lower gum. The sides of the tongue cup around the teat, which forms a long, narrow space in which the nipple lies. Milk is then expressed from the nipple and pushed toward the back of the mouth by a wavelike motion along the surface of the tongue.



If the amount of milk taken in is adequate to activate swallowing, the baby's soft palate rises and closes off the nasal cavity.

Steps used for latching on

1. Sit or lie tummy to tummy with baby. Make sure the baby's ear, shoulder and hip are in a straight line.

2. Bring the baby close to mother breast.

3. Touch mother nipple to the baby's lower lip.

4. When his/her mouth opens wide, quickly pull the baby in to latch on. Since the baby's mouth will be open for only a few seconds, mother will need to pull him/her toward breast quickly.

5. The baby will be able to breathe even though his/her nose may press against mother breast. It is helpful in the first week to continue to support the weight of mother breast throughout the nursing session. Support on baby's head at the base of the neck as well.

6. Look for the following things after the baby is latched on

7. Baby's mouth should surround the tip of mother nipple and about one inch of the areola.

8. The lips should be turned outward against the breast.

9. The motion of the suck is along the jaw, not in the cheeks.

10. Baby's ears, shoulder and hip should be in a straight line.

11. Breast feeding should not hurt.

12. Mother should feel a rhythmic tug on her breast and a little bit of nipple tenderness is normal during the learning period. However, sore, bleeding or cracked nipples are not normal.

Breast feeding after a cesarean birth

A cesarean birth does not directly affect the breast feeding process. However, discomfort, fatigue, and the medications used in surgery may present more of a challenge when mother begin breastfeeding. Nurse the baby as soon after delivery as possible and on demand every1 to 3 hours per 24 hours, which is 8-12 times per 24 hours. Once begin regular feedings, mother milk supply will increase. Partner or support person will be a valuable asset in assisting mother as mother lift

and position the baby. Mother may be more comfortable using the football hold, side-lying, or cradle hold while cushioning her abdomen with a pillow.

Getting started

- Create a peaceful "nursing station" and allow yourself to relax.
- Find a comfortable position, such as in a chair, with ample room on the sides and back for pillows to support your baby and your arms. Make sure mother feet are elevated at a comfortable level. Sitting up in bed with pillows under her legs or using a footstool when in a chair will help her be comfortable.
- Unwrap baby and check his/her diaper; new it if needed. This will help arouse and stimulate your baby to nurse, especially if the baby is sleepy. If mother baby is awake and ready to nurse, wait until after the first breast to change her baby's diapers.
- It is normal for babies to be sleepy the first 24-48 hours after birth. Attempt to breastfeed every 1 to 3 hours per 24 hours (8 – 12 times per 24 hours).

Taking baby off mother breast & burping

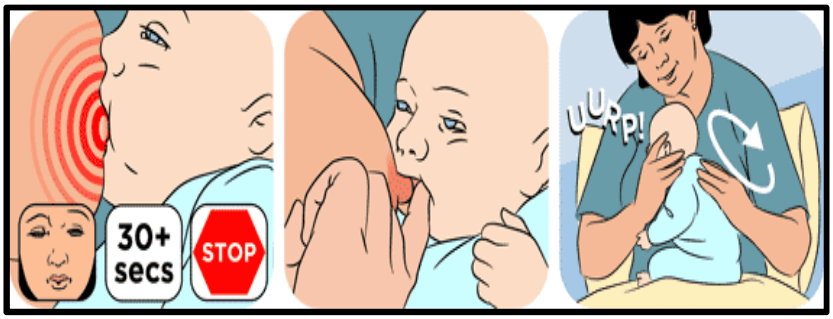
Be sure to break the suction by slipping the little finger in the corner of her baby's mouth between her gums. Don't remove the baby from mother breast until the suction is released, or sore nipples may result. The suction is usually quite strong and it may require some effort to release her grip.

Burping the baby

Burp the baby after feeding at each breast and at the end of the feeding. Generally, breast fed babies do not swallow as much air as bottle fed babies. If her baby has been crying before the feeding, nurse for a short time, then stop and try burping. Some babies do not burp immediately and may need to be put in several positions.

When burping the baby, remember to apply some gentle but firm pressure on her abdomen. If after five minutes, her baby has not burped, and she seems comfortable, she doesn't need to burp.

Helpful positions for burping your baby include.



Good health while breast feeding

- To breast feed baby, a mother needs to eat extra 500 calories each day while she is nursing.
- Women who are nursing should choose three to four serving of foods from the milk, yogurt, and cheese group daily. Use the Food Guide Pyramid as a guide in selecting healthy food choices.

CONCLUSION

Till now we have discussed about the breast feeding training programme,

- Breast feed her baby; a mother needs to eat 500 extra calories each day while she is nursing.
- Women who are nursing should choose three to four servings of foods from the milk, yogurt, and cheese group daily. Use the Food Guide Pyramid as a guide in selecting healthy food choices.
- Practice of breast feeding and its components. I think it will be very useful for you in home set up to promote good health care for the new born feeding and have a safe baby.
- Use caution if smoking, drinking, or taking pills. These things may pass into mother milk

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  - jha-Nra czhTfs %yk Foeijad Njitfis jhadhy czheJ nrayg KbAk.

  - Foeij gwejTld jhagghy FbfFk jdikAssJ. Nra jhdhfNt khhgfjij xlb ghy FbfFk Kiwia ehrad thirdmweJ jhaghy FbfFk.

  - Foeij gwejTld Rjjk nraJ jhad iffsy nfhLffggLfwJ. jhagghy nfhLffgglL jhad khhgfjjd xlbaUfFk nghOJ› Nrad ntggeiy rkdhffgglL› ntggk FiwtJ jthffggLfwJ. FoeijAk ghy Fbff goFfwJ.

edwhf ghY}l;Ljyd; tisTfs;

jha Nra ghyFbggij czuTk› kwWk NflfTk KbAk› kwWk rwej Kiway FoeijfF jhagghy nfhLggjhy eyy vilAssjhfTk› MNuhffakhfTk› Nehayyhkyk› ghy Fbjjggd edwhf J}qf $bajhfTk fhzggLfwJ.

jhagghy nfhLfFk Kiwia gofFtjjy.

jhagghy; nfhLf;Fk; eiy:

1. **njhlby; gbj;jy;** jhagghy nfhLfFk KdG> Neuhf e;kheJ KJf;wfF jiyaiz itjJ clfhu Ntz Lk.
   - Foeijia iffshy J}ff; rhahd Kiwa;y gbff Ntz Lk.
   - Foeij iffshy mizjJfnfhzL khhgjj;d mUNf nfhzL nryy Ntz Lk.
   - iffs;dhy khhgfjij gbjJ ,uzL tuyfs;d eLt;y fhkg;id gbff Ntz Lk.
   - flil tuiy khhgfjj;d Nky itjJ Nyrhf fhkg;id J}ff;t;lNtz Lk.
   - khhgf fhkg;id Foeija;d tha;y itjJ ghyFbff tha;id j;wff jlt; t;l Ntz Lk.
   - Foeij ghy Fbggij ftd;ff Ntz Lk.

2. **FWf;fhf njhlby; gbj;jy;:**

   ,ej Kiwfs njhlby gbjjy Kiwia NghdwJ.

3. **fhyge;J gbj;jy; e;iy:**

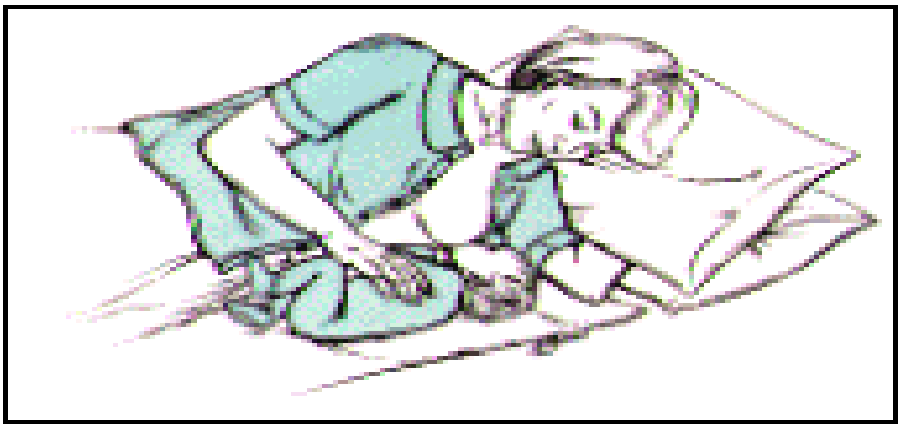
   - **o** Foeijia fhyfs;y itjJ> iffshy jiyia jhqf; gbff Ntz Lk.
   - **o** khhgfjj;y iffis itjJ FoeijfF ghy nfhLff Ntz Lk.
   - **o** Foeijia tisjJ ,LgigAk> fhiyAk fhyfs;y itff Ntz Lk.

4. **gf;fthlby; gLf;Fk; e;iy:**

   - ✧ Kjy;y jha> Nra ,UtUk rhahd e;iya;yUff Ntz Lk
   - ✧ fhyfSfF ,ila;y jiyaiz itjJ klff; itff Ntz Lk.
   - ✧ tuyfis khhffhkGfisg gbjJ Fbeija;d tha;y itff Ntz Lk.
   - ✧ gff thlL e;iy> mWit r;fr;rir elej jhakhhfSfF r;wejJ.

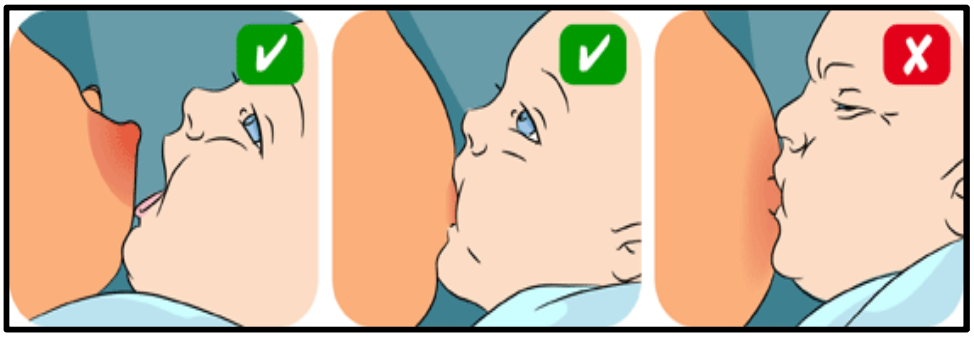
xlbaUj;jy:

jhagghy nfhLff njhlqFk nghOJ edwhf rgg; FbfFk> kwWk ghy FbfFk nghOJ khhgf jirfs ,OjJ ghy tuTk Foeij FbffTk cjTf;wJ. Fleija;d Nky mddk kwWk fo mddk khhgff fhkig %ba;UfFk ,J ghy Ruff cjTf;wJ. NghJkhd msT ghy ghy Fbff cjTf;wJ.



ghy; Fbgg;jd; gb e;iyfs:

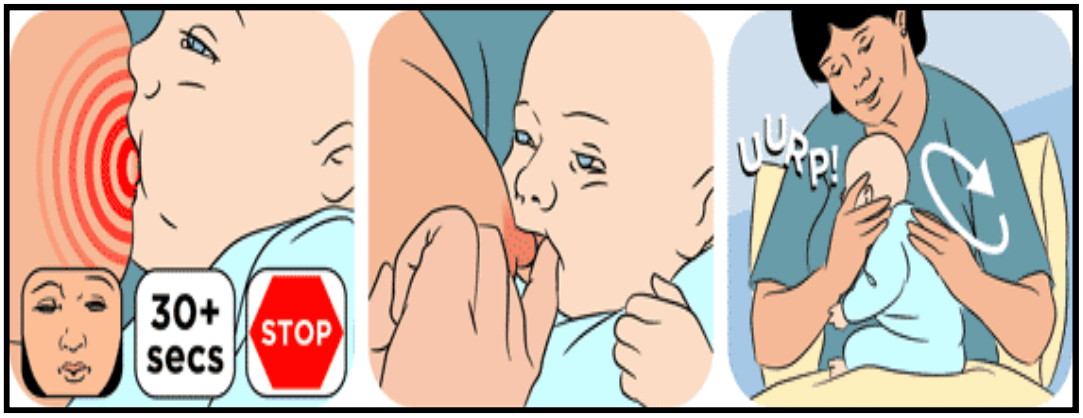
- ☆ Neuhf e;kheJ clfhheJ> Foeija;d fhJ> Njhsglil> ,LgG> KOtJk Neuhf ,Uff NtzLk.
- ☆ Foeijia jha;d khhgj;jd mUf;y nfhzL nryy NtzLk.
- ☆ fo cjL khhg fhkNghL xlba;Uff NtzLk.
- ☆ thia th;thf j;weJ Foeij ghy Fbff njhlqFk.
- ☆ ghy FbfFk nghOJ Foeij edwhf %rir ,OjJt;Lk.
- ☆ khhgffhkG KOtJk xU ,dr msT Foeija;d tha;y fhzggl NtzLk.
- ☆ Foeija;d cjL khhgfj;jd vj;hGwkhf fhzggl NtzLk.
- ☆ jhaglghy g;d t;isTfis VwgLjjhJ.



mWit rfrirfFg gd; jhaghY}lLk; Kiw:

mWit rfrir jhagghY}lLtij ghjffhJ. RftdKk> ,ayhikAk ghY}lLtjy khwwqf VwgLjjhJ. Rhahd ftdgG> xjJiogG> mWit rfrir jhafF ghY}lLtJ ,aYk. Mikjahd #oYk> rhahd eiyAk FoeijfF ghY}ll rwejjhFk.

ghY}lbaggwF Vggk; tLjy; Kiw:



ghY}lbagwF> RzLtuydhy Foeijad thay itjjhy> ghy Fbggjy;UeJ Foeij tLgLk KdG khhgf fhkig vLjjh> Gz Vwgl fhuzkhaUffwJ.

ghy nfhLjjTld Foeijia> Njhyglilad kJ NghlL jlt; nfhLff NtzLk. Vggk tllTld> Foeijia fNO Nghl NtzLk. Vnddwhy> ghy FbfFk nghOJ Foeij thay fhwW Nghf thagGfs cssd. ry Foeijfs cldbahf Vggk tlhJ. ,jwF rhahd eiy NjitggLfwJ.

jhaggh Y}lLgthd; cly; eyk;

1. jhaghY}lLk ngzfs czty jdKk 500 mjf fNyhh rjJ NjitggLfwJ.
2. jdKk ehdF Ntis rhggl NtzLk> ghy> jah> ntznza kwWk czT NfhGu toKiwfis gadgLjj NtzLk.
3. kwWk Gifggbjjy> Fbggoffk> kwWk> Nghij khjjiufs clnfhssf$lhJ. ,it Fbeijad cly eyjjwF NfL tistfFk.

KbTiu:

jhaghy vdgJ kjfTk ,dwjaikahjJ. ,djtUk rejjjajy ehk Foeijfis ghJfhgGlDk› Neha tuhkYk› kuzjjjYk ,UeJ fhfFk tojfs jhakhhfsjd fuqfsjyjhd ,UffjwJ. jhagghy nfhLgNghk› jha-Nra cly eyk fhgNghk.